rector. Page your files.

to DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the ficate, writing the word "pending" in pendi in them 18. Givin Pages 1, 2, and 3 to the funeral 4 should be forded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of an its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. execute the 4 should be TO FUNERAL D

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12839 Reg. Dist. No.

7,	PACE OF DEATH PATHCE George	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)  o. STATE Mde  b. COUNTY Pre Geo.		
E	CITY OR TOWN   Fautside serporate fimits, write RUR and give carest town  Laure1.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Teurol. ///		
0	Laurel Hospital  Laurel Hospital		Box. 212 A Gorman Rd.		
	NAME OF DECEASED Type or print)  First  EDWARD	KIRBY Middle AL	LEN Lost 4. DATE Month Doy Yeor OF DEATH NOVEMber 10 19 59		
5, 5	Mele Meite	MARRIED NEVER MARRIED 2 B	DATE OF BIRTH  9. AGE [In years   IF UNDER 14EAR   IF UNDER 24 HRS.    14. Octo 1959  9. AGE [In years   IF UNDER 14EAR   IF UNDER 24 HRS.    Magths   Days   Hours   Min.		
100 N	USUAL OCCUPATION (Give kind of work done uring most of working life, even if relired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)  Md. U.S.A.		
	FATHER'S NAME aniel A. Allen		Joan A. Knowski		
	WAS DECEASED EVER IN U. S. ARMED FORCES no. or unknown) [It yes, give war or dates at service]		niel A. Allen (Father) Same as # 2		
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART II, OTHER SIGNIFICANT CONDITION	Broncho pneum	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PP. WAS AUTOPSY PERFORMED?  YES T NO		
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ESCRIBE HOW INJURY OCCURRED. (E	inter noture of injury in Port I or Port II of item 18.}		
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour e. m. p. m. 19	20d. INJURY OCCURRED 20e. PLA White Not white of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) bry, street, office bldg., etc.)		
	21. I certify that I took charge of opinion death resulted from: Not ACTUAL SIGNATURE CAMINERS NAME (Type) John T. Maloney	Halony			
	BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	226-NAME OF CEMETERY OR The Mes ADDRESS	A Movember TO 1929		
1	De Will Handle	an Laurel	Med DATNOV 1 3 '59 Contrar & Kines		

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ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4		KACTOR: After this certificate has been signed by the attending physician and campletely filled in by	be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 would be filed with
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	ARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
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12862 **CERTIFICATE OF DEATH**  12840 Reg. Dist. No.

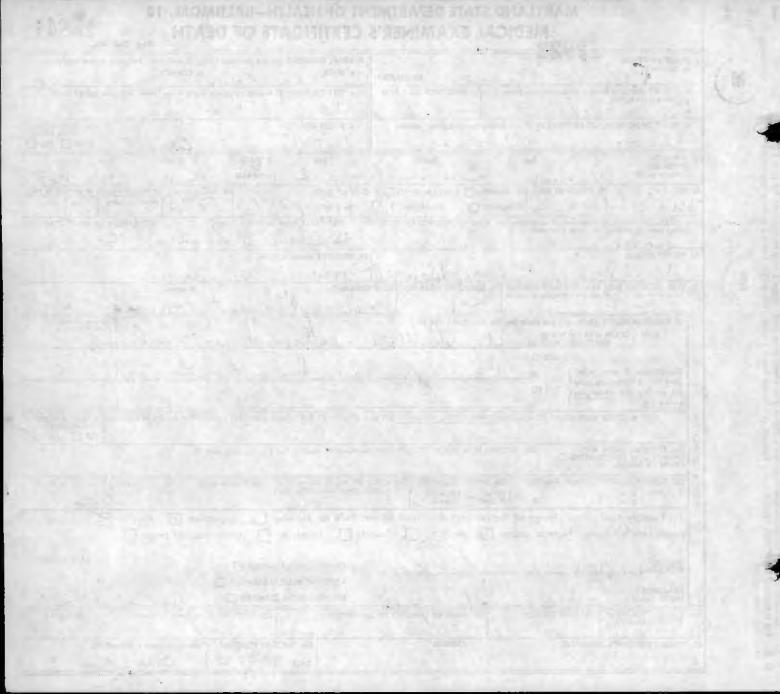
1.	PLACE OF DEATH o. COUNTY  Prince George	MARYLAND	II g. STATE	there deceased lived. If institution b. COUNT	rion: Residence bef	
	b. CITY OR TOWN (If outside corporate limits, wri RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	autside corporate limits, write	RURAL and give no	earest fawn)
	Cheverly	2 days	X Berwyn Hei	thts.		
	<li>d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION</li>	eet oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Prince George General H	ospital	8700 62 AV	enue		YES NO Z
3.	NAME OF First DECEASED (Type or print) Tillis	Middle IN	Attick	OF		2 1959
5.		ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2-2-8	9. AGE (In year last birthday) 70 yr	Months Days	R IF UNDER 24 HRS. Hours Min.
10	s. USUAL OCCUPATION (Give kind of work done I during most of working life, even if retired) HOUSEWILE	ob. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slow			of what country?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	George W Bursey		Mary K Cl	loud		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wer or dates of service)	_	harles M Att		ge Park,	Md.
7	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Canditions, if any, which gove rise to immediate cause (o), stating the under:  lying cause lost.  Cause (o) to immediate cause (o), stating the under:  lying cause lost.	Erebril	Celer	ozelio.	- 3	3 yr +
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDITION G	SIVEN IN PART I(a)	PERFORMED?
	20a. ACCIDENT WAS UNDERLYING [] 20b. I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D, (Enter nature of injury in	Port I or Part II of item 18.)		
MEDICAL	Hour o.m. W	d, INJURY OCCURRED 20e. PL rile Not while fo- work at work	ACE OF INJURY (Home, fari ctary, street, affice bldg., et	m, 20f. (City or town)	(County	(Stote)
	21. I certify that I attended the decorative an	957, and that death	M.D. 47/3 -	M, fram the causes of ADDRGS (Street, city or town	and an the dat	the deceased te stated abave. DATE SIGNED
L	Burial Cremation, 22b. Date Thereof REMOVAL (Specify) Burial Nov 16, 19		Cemetery		r. Md.	(Stote)
23.	F. Gasch's Sons F	yattsville Md.	24a. REC	NOV 1 7 '59	Curatury &	

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IO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please e.	shoul		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages, I and 2 with the registrar privar burial_crematic
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	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
M	1. PLACE OF DEATH O. COUNTY O. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) O. STATE  MARYLAND  CRAFT  CRAFT
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give notices) lowers with the street Height, therefore would be the Height.
X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give give address)  Let Four Office 7610 always take t ves No 15  NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give give address)  A. STREET ADDRESS  ON A FARM?  YES NO 15  NO
	3. NAME OF DECEASED (Type or print)  SEX A COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH  1. DATE Month Day Year  DEATH DEATH  1. DATE Month Day Year  DEATH P. AGE (In year   IF UNDER 14EAR) IF UNDER 24 HRS.
	Where where wilder is not the property of the
	during most of working life, even if retired)  NONE  Destrict Colembia  Te-5-6  13. FATHER'S NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	18. CAUSE OF DEATH [Enter only one course per time for (o), (b), opd (c).]
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (c)  ODUE TO  DUE TO  DUE TO
	Conditions, if any, which gove rise to immediate cause (o), storing the underlying course tast.
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19. WAS AUTOPSY PERFORMED? YES NO DEATH OF THE PERFORMENT OF TH
	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year Heur o. m., p. m. 19 at wark of wark of wark 1
	21. I certify that I taok charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined cause
	ACTUAL DATE SIGNED  ACTUAL ACT
сещола	EXAMINER'S ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D
5	22c. NAME OF CHMATORY REMOVAL (Specify)  22d. LOCATION (City, town, or county)  (Store)  22d. LOCATION (City, town, or county)  (Store)  22d. LOCATION (City, town, or county)  (Store)  22d. NAME OF CHMATORY  (Store)  22d. LOCATION (City, town, or county)
D. M.	W. W. Chambels Co. 517-11 Wash, L. C. DATE NOV 24 '59 Order S. Know

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



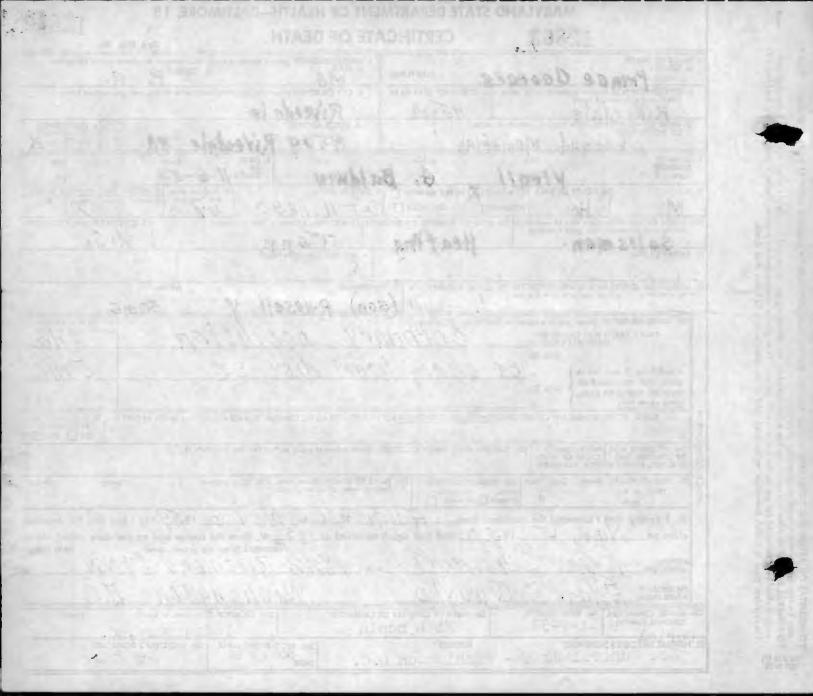
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	12863	CERTIFIC	AIE OF DEAL	н	Reg. Dist. No.	
1. PLACE OF DEATH a. COUNTY	ce Cest	The same of the sa	a. STATE	/here deceased lived. If insti b. COUN	TYP. G.	
B. CITY OR TOWN (I	autside corporate limits, voirest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	autside carporate limits, writ	te RURAL and give rearest (	tawn)
	At (If not in hospital, give	street address)	d. STREET ADDRESS	Riversale	alman O	RESIDENCE N A FARM? NO
3. NAME OF DECEASED (Type or print)	First	II G. E	aldwin	4. DATE OF DEATH //	Wanth Day	Year 19
5. SEX .	1 1 1	MARRIED NEVER MARRIED	OCT 11.18	90 9. AGE (In yet lay bethoo	Months Days Hours	
10a. USUAL OCCUPATION during most of work	ON (Give kind of wark danking life, even if retired)	106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole	e ar fareign country)	12. CITIZEN OF WI	HAT COUNTRY
DRURY	BAldw	in	SUC /	nilligar	7	
	R IN U. S. ARMED FORCES		INFORMANT	ell V.	Address	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	per line for (a), (b), and (c).)	ary og	Elusion	INTERVA	BETWEEN HO DEATH
Conditions, if a gave rise to it cause (a), stating lying cause last.	mmediate (	COPOMARY I	reart dis	BASE	5	mo
PART II. OTH		IONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CONDITION	PE	AS AUTOPSY REORMED?
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 20th MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of item 18.)		
20c. TIME OF INJUR Hour a. n. p. m.		20d, INJURY OCCURRED While Not while for work of work	LACE OF INJURY IHome, far actory, street, affice bldg., et	m. 20f. (City or lawn)	(County)	(State)
21. I certify the alive an	at I attended the de	receased from 19.59, and that debt	7.7/77	M, from the cause ADDRESS (Strept, city or tax		ated abave
ACTUAL SIGNATURE	agar Cu	Augyle)	M.D. 1822	Biltmon	B STNW.	DATE SIGNED
PHYSICIAN'S NAME (Type)	dgar Bi	Quayla	W	15/1/19/	ON IT.C	
22a. BURIAL, CREMATIO REMOVAL (Specify)	11-9-59	Pt L nc		22d. LOCATION (City, tow Vladems	m, or county) (Sburg.Md.	State)
23. TUNERAL DIRECTOR Lee Fur	s signature leral Home	- Washington	D. C. DATE	D BY REGISTRAR 246. RE	Edistrar's SIGNATURE	

ter death. Page 4 funeral director, ould be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauf by the haspital ar attending physician.

NOR: After this certificate has been signed by the attending physician and campletely filled in detached far use as the burial-transit permit. Then please remayer-earbon papers. Pages I am permit. Then please remayereachon papers. Pages 1 in any event within 72 hours after death. TO FUNERAL DY FOR page 3 should be deta the registrar prior to be TO HOSPITAL OR

burial, crematian, or remayal,



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1292 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 crematian, Rea. Dist. No. should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND burial, b. CITY OR TOWN (If outside corporate lights, write EURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If pulside corporate limits, write RURAL and give negrest town) \* 11/2 0 d. NAME OP HOSPITAL OR INSTITUTION (If not in hospital/give street address) STREET ADDRESS υ <u>Ξ</u> retained for yaur fill 2 with the registrar NAME OF Middle DATE funeral Month DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T 9 AGE (In years 8. DATE OF BIRTH hdoy) WIDOWED | 3 to 1 DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (Stote or foreign country) within 24 hours after d Give Pages 1, 2, and 80 pup may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Pages 1, 2 pages IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Arldross File permit. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b)-end (c). in pencil in Item 18, ice along with form II a burial-transit perm Item 18. executed PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 420.0 **DUE TO** Conditions, if ony, which gove rise to immediate couse should DUE TO (o), stating the underlying couse lost. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY ö used 0 cole, writing the word "pendi the Clief Medical Examiner's DIRECTOR: Page 3 should be use 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, fectory, street, effice bldg., etc.) 20f. (City or town) Hour While Not while D. m. of work p. m. of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Notural causes Accident . Suicide | Homicide Undetermined couse ACTUAL CHIEF MEDICAL EXAMINER M.D. forwarded > FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER 7

22c. NAME OF CEMETERY OR CREMATORY

Cemetery

DATE

Collington

240. REC'D BY REGISTRAR NOV 2 3 59

23

Md

24b. REGISTRAR'S SIGNATURE

VS. A15ME(S) 5M 9/55

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220. BURIAL, CREMATION, 22b. DATE THEREOF

Gasch's Sons

Nov

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Hyattsville.

Holv

ADDRESS

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Burial

e. IS RESIDENCE ON A FARM? YES NO Day Year 19 IF UNDER TYPE IF UNDER 24 HRS. Months Days Haun Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN PERFORMED? YES I NO D (Caunty) (State) Inquiry X, and find that DATE SIGNED 22d. LOCATION (City, town, or county) (State)



he funeral director, should be filed with may be reta by the haspital ar attending physician.

TO FUNERAL DIXECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

**ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours

er death. Page 4

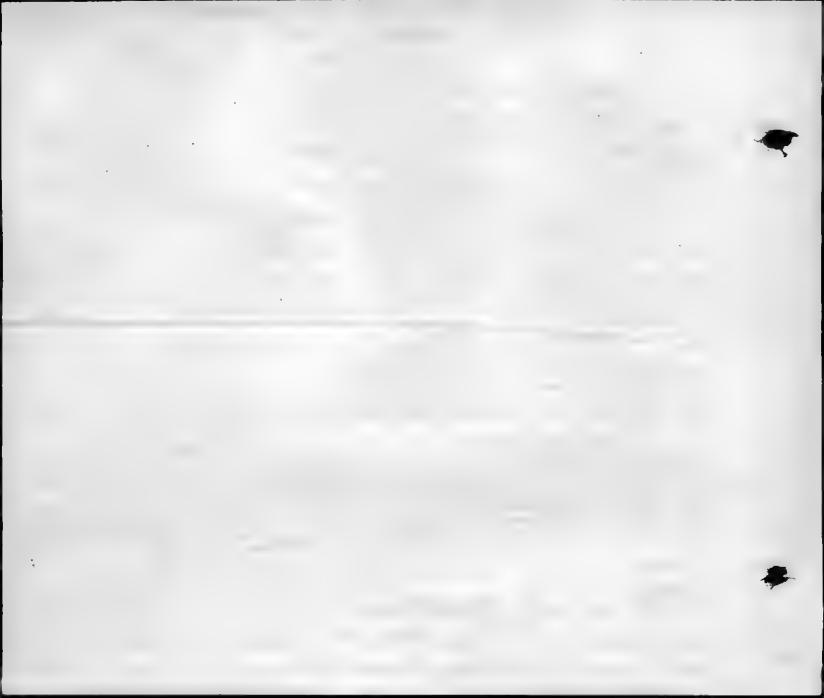
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

-		12853 CERTIFICATE OF DEATH Reg. Dis	12845
ا ر		PLACE OF DEATH O. COUNTY O. COUNTY O. STATE D. COUNTY O. STATE D. COUNTY O. COUNTY O. STATE D. COUNTY O. COUNTY O. STATE O. STATE O. STATE O. STATE O. COUNTY O. COUNTY O. STATE O. COUNTY O.	se before admission)
		b CITY OR TOWN (If outside corporate limits, write RURAL and give segrest lower)  RURAL and give segrest lower of the segret l	ive negresi town)
		JAME OF HOSP TAL (If not in haspital, give street oddress)  OF THIS TRUE BRANCH PRESSING HOME  4718 GLENOAK 17D	e. IS RESIDENCE ON A FARM? YES NO 2
		NAME OF DECEASED (Type or prim)  AUGUST H BECKER OF DEATH // -	19- 1959
		MALE WHITE WIDOWED & DIVORCED   Och 26, 1867 92 yrs Months	1 YEAR IF UNDER 24 HRS Days Hours M'n
\		RETIRED TAILOR TAILOR Mary land	ZEN OF WHAT COUNTRY
		Ciugust H. Becker 14. Mother's Maipen d'Ame	
		. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (If yet give wor or dotes of service)  (If yet give wor or dotes of service)  Address / 5.  Address / 6.	2706 candale u
		PART I. DEATH WAS CAUSED BY ACUTE PULMONARY EDEMA	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate (b) CORONARY INSUFFICIENCY	8 hRs.
	7	couse (o), stating the <u>under-</u> DUE TO    lying cause lost. (c)	
)	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
	MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while of work of wor	ounty) (State)
		alive on	ast saw the decease: e date stated abave
		ACTUAL SIGNATURE M.D 6480 N.H. AVZ - TAKOMA	4 PANK
/		PHYSICIAN'S K.C. KIRCHNER MD	. "119
	1	REMOVAL (Specific 11-21-59 PASSPECK HELL WAS CONTROL 11-21-59 PASSPECK HELD WAS CONTRO	Sy DC
	1	PONERAL DIRECTOR'S SIGNATURE ADDRESS 4812 Sa Que nu DATE NOV 24 '59 246 REGISTRAR'S SIGNATURE ADDRESS DATE NOV 2 4 '59	J. Krang

TO HOSPITAL OR VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12865 CERTIFICATE OF DEATH Rea, Dist. No. director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY ( filed **6. COUNTY** MARYLAND uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 8 RURAL and give negrest towns ъ d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENC OR INSTITUTION ON A FARM? YES T NO T NAME OF Middl DATE Month Day Year DOCKASII DEATH (Type or print) 10 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 9. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HS 8. DATE OF BIRTH lost birthdoy) Months Days Hours AAin DIVORCED [T WIDOWED F YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Buring most of working life, even if retired) puo corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician move WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address tending | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] ONGET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TENANGUISEASE CONDITION GIVEN IN-PART 1(0) 19. WAS AUTOPSY 1 mm my 2 A & 1 44 M YES I NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOVE INJURY OCCURRED. [Enter nature of injury in Port I or Port II of Jem 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Slote) foctory, street, office bldg., etc.) 0. (). While Not while at work at work D. m. 21. I certify that I attended the deceased from that I last saw the deceased alive on and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street, city or lown, slote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 4 FUNER co 220. BURIAL CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) REMOVAL (Specify) MOY 0 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR VS A15 (4) 15M 9/55 DATE NOV 3 0 '59 Certing & Frank RUNGT ON UD



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**CERTIFICATE OF DEATH** 

Rea. Dist. No.

o. COUNTY	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) DISTAIR LICT OF COLIT PLAP COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON, D.C.
d NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION USAF HOSPITAL ANDREVS	d STREET ADDRESS 1104 MISSISSIPPI AVE  on a farm? YES \( \text{NO} \) NO \( \text{D} \)
NAME OF DECEASED (Type or print) //ewbarn Fe no Ale	BESOSA 4. DATE Month Day Year OF DEATH November 28 1959
Female CALL WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years lead of the pears of t
N/A N/A	Mary land USA
	14. MOTHER'S MAIDEN NAME DOROTHY CARTER
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes, no, or unknown)   (If yes, give war or dates of service)	ROM CHART
PART I. DEATH WAS CAUSED BY:  [MMEDIATE CAUSE (o)]  773.5  DUE TO  Conditions, if any, which gave rise to immediate couse (o), stoling the under-lying couse lost.  DUE TO  (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AJTOPSY
20g. ACCIDENT WAS UNDERLYING \( \) 20b. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING \( \) AUSE OF DEATH IN THER NOTICY MEDICAL EXAMINERS	PERFORMED? YES NO   D. (Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
21. I certify that I attended the deceased fram 28 Nov alive on 28 November , 1959 , and that death	occurred at 2 Mov , 1957, that I last saw the deceased occurred at 2 MM, from the causes and an the date stated above.  ADDRESS (Street, city or town, stole)  USAF HOSPITAL ANDREAS 28 Nov 59
PHYSICIAN'S GEORGE E RANDALL, CAPT, USAF, MC	VSAF HOSPITAL ALDRENS, ALDRENS AFB, ND
REMATION BONDIST De NOR	Que WASHINGTON D.C.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	DATE DEC 1 '59 24b. REGISTRAR'S SIGNATURE
	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CALP SPRINGS  d NAME OF HOSP TAL (If not in hospitol, give street oddress)  OR INSTITUTION  USAF HOSPITAL ANDRENS  INAME OF DECEASED (Type or print)  SEX  6 COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED  OB. USLAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NA  3. FATHER'S NAME  LORGE BESOSA RAMTREZ  S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IN MARKED TO BE SOCIAL SECURITY NO. IN MARKED TO SOCIAL SECURIT

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writin 24 naw may be retain by the haspital or attending physicion.

TO FUNERAL CONTRACTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours death. VS A15 (4) 15M 9/5B

M

he funeral director, should be filed with

ofter death. Page 4



1.848

2285	CERTIFICATE	OF	DEAT

	12866	CERTIFICA	AIL OF DEATI		Reg. Dist. No.			
1. PLACE OF DEA	LTH .			ere deceased lived. If institu	tion Residence before admission)			
	Prince Georges	MARYLAND	d. STATE Marylar	nd b. COUNT	Frince Georges			
b. CITY OR TO	WN (If outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carporate limits, write	RURAL and give nearest tawn)			
	give nearest town)  Cheverly	13 days	X Hall					
d. NAME OF OR INSTITU	HOSPITAL (If not in hospital, give stre	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO M			
3 NAME OF	Georges Geneal H			14 045				
DECEASED	First	Middle	Lost	OF	onth Day Year			
(Type or print) 5. SEX	Bertie	Delphia	Belithe		IF JNDER ) YEAR IF UNDER 24 HRS			
S. SEX		ARRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In year last birthday)	Months Days Hours Min.			
Female	WILLES	WED DIVORCED	19 Nov 1887	71x72	5.			
10a. USUAL OCC	UPATION (Give kind of work dane 10 mgrking life, even if retired)				12. CITIZEN OF WHAT COUNTRY			
Housew		Own Home	West Vi	rginia	U. S. A.			
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN N	AME				
Rheub	en Nazelrod		Eliza Sa	ger				
	ED EVER IN U S ARMED FORCES?	6 SOCIAL SECURITY NO	INFORMANT	Ad	ldress			
No	(If yes, give war or dates of service)	1.77	rs. Margie S	weenev	Hall. Md.			
<b>/</b>	OF DEATH Enter only one cause per			11001103	INTERVAL SETWEEN			
1 1	I. DEATH WAS CAUSED BY:	)/			ONSET AND DEATH			
1 0 /	IMMEDIATE CAUSE (a)	1 Com	La_	<u> </u>	- I WIC			
	Hy DUE TO Part E.							
	to immediate (b).	Junal 1 a	Muye		ING			
	rating the under- DUE TO	2111 L. 4	- A D	+1114	- 1200			
lying cause	(c)	1 House Co	Chromoseles	rove Kypera	soin 1 / 2/2			
PART OF CONTRIB	II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMII	nal disease Condition G	IVEN IN PART I(a) 19 MAS AUTOPSY PERFORMED?  YES NO 1			
200. ACCIDE	NT WAS UNDERLYING . 20b. D	ESCRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in P	art I ar Part II of item 18.)				
(IF EITHER, N	UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)							
\$ 20c TIME OF	INJURY Manth, Day, Year 20d		ACE OF INJURY (Hame, farm,		(Caunty) (State			
20c TIME OF	10	ile Nat while fo	actary, street, affice bldg , etc.	}				
-	fy that I aftended the dece		1955 to 3	1 how 10th	Ž,that I fast saw the deceased			
alive on	29 har 10		12.20	AM Summable and a	and on the date stated above			
I GIIAC OIL		La /, dila mai dedir		<b>DDRESS</b> (Street, city or town				
ACTUAL SIGNATURE	Wy Jass	THE.	M.D. Defry T	narling /	nd 30harsq			
PHYSICIAN'S NAME (Type	Dr. Rebert Sas	scer. 🚻	Upper Man	rlbere., Md	·			
22a. BURIAL, CRE		22c. NAME OF CEMETERY C	OR CREMATORY	22d LOCATION (City, town	, ar county) (State)			
REMOVAL (S		and inchan I	Totil Cem.	Ft. Lver	Vs.			
	CTOR'S SIGNATURE	ADDRESS	24g REC'I	BY REGISTRAR 246, REC	SISTRAR'S SIGNATURE			
Net	chix 13 x m	LABERIA	ARIBARADATE ID	EC 7 '59	Cirthun S. Fliana			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 e funeral director, should be filled with may be retained by the haspital or ottending physician.

D FUNERAL C. CTOR: After this certificate has been signed by the attending physician and completely fulled in the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any movent within 72 haurs after death.

may be retain VS A15 {4} 15M 9/58



	12867 CERTIFICATE OF DEATH							Reg. Dist. No.					
2	1. PLACE OF DEATH p. COUNTY					2. USUAL RESIDENCE (Wh	ere deceased	l lived If institution	on. Residence l	efore admi	ssion)		
	Ľ	Prince George			MARY	LAND	o. STATE Washing	ton D.	C. Pri	nce G	eorge	-l-Id.	
	ŀ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)		c. LENGTH OF STAY	IN 1b	c CITY OR TOWN (IF o	utside corpor	rote limits, write RL					
		Cheverly			3 Days	ļ	X (Washingte	n,D.G.	<u>) Parkl</u>	and, Na			
d. NAME OF HOSPITAL (If not in hospital, give street odds OR INSTITUTION					d. STREET ADDRESS					A FARM?			
P			George Gen				19 Marylan					□ NO □X	
		NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE OF DEATH	Moni		Day	Year	
	5. 5	Type or print)	6. COLOR OR RACE	7	В	70	Beniface . DATE OF BIRTH	DEATH	9. AGE (In years	IF UNDER 1 Y	19	19 59	
	3. 3			WIDOW	RIED 🔂 NEVER MARRIE		7-31-10	(psobirthdoy)		Months Do			
	10a.	Male USUAL OCCUPATION	Nhite	1			TRY 11. BIRTHPLACE (Stole	or foreign co	yrs,	12.CITIZEN	OF WHAT	COUNTRY?	
		during most of wor	king life, even if retired	]			_						
	ле 13.	pt of I	Defense	Į Įv	<u>lisselRese</u>	anc	14. MOTHER'S MAIDEN N		Carolina	3   1	ISA		
		Edward T	Victor Bo	nifo			.largaret	C M	adden				
	15.	WAS DECEASED EVI	ER IN U.S. ARMED FOI	CES? 16	. SOCIAL SECURITY NO.	IN	FORMANT	U N	Addr	ess			
	[194	NO or unknown)	(If yes, give wor or doter of None	iervice)	None	H	ospital Red	cords					
į		18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]											
		PART I. DE/	ATH WAS CAUSED 8Y-	1 Cu	reposisor	len	ver esystem	coal.	-Kmer	Lea	JUSEL AN	1 GN	
		5/.0 DUE TO											
		Conditions, if ony, which agove rise to immediate											
		gave rise to i couse (a), stating		)									
	.,	lying cause last. (c)											
1	CATION	PART II OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO THE TERM!	NAL DISEASE	E CONDITION GIV	EN IN PART 1(	PERF	ORMED?	
T	FICA	20- ACCIDENT W	AC IBIOTRIVINIO ET	204 05	COURT HOLL IN IN O	CCUBBER	#Folios anticos of column in I	and Los Bost	I II of Stem IR V		YES [	NO 🔼	
	CERTIF	OR CONTRIBUTING	AS UNDERLYING   CAUSE OF DEATH  MEDICAL EXAMINERS	200. DE	SCRIBE HOW INJURY OF	CORRED	(Enter nature of injury in I	off t or For	: II Or Item 16.)				
		20c. TIME OF INJUI	- /	gr 20d	INJURY OCCURRED	20e PLA	CE OF INJURY (Home, form	, 20f. (City	or town)	(Cou	ntv)	(Sfote)	
	MEDICAL	Hour a.m.	19	While			ory, street, office bldg., etc.		. , ,	1000	,,	(2.0.0)	
	2	p. m.			sed fram NAU	-16	10(9)	nur	10 1056	2	-1		
		alive an	nor i arrenaea ine	deced			accurred at 10 :00/			hat I last			
		dilve dil _2		, 17_,	and mar	Seam	occurred dir y 11 Zr		reet, city or town,			ATE SIGNED	
		ACTUAL SIGNATURE	analell!	TAKE	Walle O.K		1746 AS	52 M	10. 10	nd a	10 11	19/60	
1			Dr. Denald	W. 1	Mitchell			5				1	
		PHYSICIAN'S NAME (Type)			7							/	
	220	· BURIAL, CREMATIC REMOVAL (Specify	DN. 226 DATE THERE	DF C	22c. NAME OF CEME	TERY OR	CREMATORY	22d. LOCAT	NON (City, town, c	or county)	(SI	ote)	
		Rurial		77		ton	National			arylar			
	L	FUNERAL DIRECTOR		Whom.	ADDRESS	Azza		D 8Y REGIST		TRAK'S SIGN			
- 5	la.	mes T.Ry	yah,Inc./	1	* DT/ Lg.	TA A E	. , SE DC DATE N	OV 23 "	59   a	would a. 1	LIANG		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 filed with funerol girector, P. Ping physicion and completely filled in carbon-popers. Then please remove event within 72 hours attending

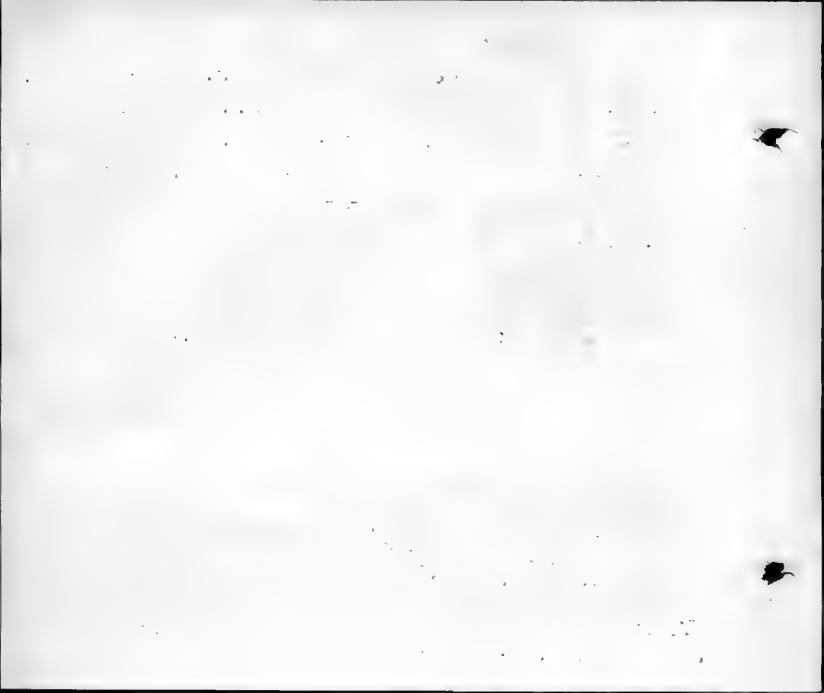
fer deoth.

By the hospital or attending physician.

CTOR: After this certificate has been signed by the edetached for use as the burial-transit permit. Then it a burial, cremotian, ar remaval, and in any event

TO HOSPITAL OR may be retain TO FUNERAL ( page 3 shauld be the registrar price VS A15 (4) 15M 9/58

registrar priar



VS A1S (4) 15M 9/58 12850

		39	225	CERTI	FICA	TE OF DEA	TH	F	Reg. Dist. No	ða.	
1	PLACE OF DEATH	e Georges	AD AIRC	MARY	rland	2. USUAL RESIDENCE ( D. STATE Maryland		b. COUNTY	Residence before		ion)
	b. CITY OR TOWN (IF RURAL and give nec Cheve	arest town)	its, write	39 days	IN 1b	CITY OR TOWN (  V Upper Ma		le limits, write RUR	AL ond give ne	arest town	»)
	d. NAME OF HOSPITA OR INSTITUTION Prince			al Hospita	1	d. STREET ADDRESS					FARM?
3.	NAME OF DECEASED (Type or print)	Lucy	rst	Middle		Boone	4. DATE OF DEATH	Month	<sub>Do</sub>		Yeor 1959
Γ.	sex Female	6. COLOR OR RACE Black	7. MARI WIDOW	RIED NEVER MARRI		19 July 19	959		Conths Days	Hours	R 24 HRS Min
10	during most of worki	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDUSTI		ole or foreign coul	ntry)	12.CITIZENO		OUNTRY
13	FATHER'S NAME					14. MOTHER'S MAIDE					
	Samuel	Boone				BARBA	RA O	WENS			
15 (Y	WAS DECEASED EVER	IN U.S. ARMED FOR f yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO		ORMANT HER	Црре	Addres	boro.	M	d.
	PART I DEAT  157.  Conditions, if an gave rise to im cause (o), stating to lying cause lost.	mediole		CKCENIT	HL.	1.1404	The p	X/d/10 /	ON	SET AND	DEATH
CATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT N	ot related to thete	RMINAL DISEASE (	CONDITION GIVEN	I IN PART 1(o)	PERFO	AUTOPSY RMED?
CERTIF	206. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of injury	in Port Ler Port I	of item 18)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	ar 20d. I While at wor	NJURY OCCURRED Not while	20e PLAC facta	E OF INJURY (Home, f ry, street, affice bldg ,	orm, 20f (City o	r town)	(County)		(Stote
	21. I certify the	ot I attended the	deceas	ed from		, 19, ta		, 19,th	at I last sa	w the d	leceased
	alive an		. 12_	, ond that	death o	occurred a 5 • 00		et, city or town, sta			e si <b>che</b>
	ACTUAL SIGNATURE			750	M	0 300/ (1	hevert	y aves	her	24:	md.
	PHYSICIAN'S NAME (Type) D	r. B. Van	Gelde	eren ., M.I	).	Belth	<u> </u>	Vun 4	let au	All.	L
22	BURIAL, CREMATION REMOVAL (Specify)	11-28	_	MOUVT	ETERY OR	CREMATORY Z Y YY G	Up De	N (City, town, or	Iboro	(Stot	e) d.
33	SUMBRAL DIRECTIONS	SIGNATURE CLU	int.	4 339 Him	it ru	77 EN 240. R			RAR'S SIGNATU of S. Firme		



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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12851

Cirthun S. Krous

DATE NOV 1 0 '59

**CERTIFICATE OF DEATH** 12869 Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE When Apceased lived. If institution, Residence before admission of STATE PARTY THE BECOUNTY FINCE GOODS o. COUNTY ince Georges MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 21 days Edmonston Cheverly d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 5002-47th Ave-Prince Georges General YES 🗍 NO 🏂 NAME OF First Middle 4. DATE Year 59 Month DECEASED Nov. Charle= Brown. (Type or print) A DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Male lost by theloy) Months Davi Hours 1-6-68 White DIVORCED | WIDOWED [7] 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Carpenter

Houses

D.C. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Houses D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Brown Sarah Daugherty 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT Address 16. SOCIAL SECURITY NO (Yasho or unknown) vor or dates of service WW. Elizabeth Vermillion None Same as # 2 1B CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES FT NO IT 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DICAL 20f (City or town) TIME OF INJURY Month. Day, Year 204 INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (State) factory, street, affice bldg , etc.) Hour While Not white P. m. 70 of work of work 21. I certify that I attended the deceased from 10that I lost sow the deceased to death occurred at 12.190M, from the couses and on the date stated above. olive on / ond that SIGNATURE PHYSICIAN'S Dr. G. Hagenge NAME (Type) 220 BURIAL, CREMATION, 226 DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) 11/10/59 Lincoln Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24n, REC'D BY REGISTRAR

Hyattsville, Md.

may be reta page 0 VS A15 (4) 15M 9/5B

F. Gasch's Sons

ATTENDII



d STREET ADDRESS

908-64th Ave

12852

2870	CERTIFICATE	OF	DEAT
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Middle

c. LENGTH OF STAY IN 1b

20 min.

MARYLAND

with	4
led	20
I	m)
hauld	

PLACE OF DEATH Prince Georges

heverly

NAME OF

DECEASED

CITY OR TOWN (If autside carporate limits, write

d NAME OF HOSPITAL (If not in haspital, give street address)

First

RURAL and give nearest tawn)

Prince Georges General

filled

and Pon physician remove ottending pleose the signed cafe ECTOR

Brown G. (Type or print) Rosa 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIESC 8. DATE OF SIRTH DIVORCED | WIDOWED | Fem. Negre 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) Md. Housework Domestic offer 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME Emma L. Green hours James H. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Z Marie Tilghman-sister within 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY 12 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f (City or town) Day. Year 20d, INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. While Nat while at work 🔲 at work Nov.28 Nov.20 and that death accurred at 9;10A 21. I certify that I attended the deceased from alive on Nev 28 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNERA 220. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOGATION (City, town, or county) REMOVAL (Specify) ဝ 24a. RECID BY REGISTRAR VS A15 (4) DATE

Rea. Dist. No.

2 USUAL RESIDENCY MATERIAL deceased lived finistitution: Residence before admissions a. STATE b. COUNTY Prince Georges c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) y Cedar Heights e. IS RESIDENCE ON A FARM YES NO 4. DATE Month Nov . DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Manths Days Haurs yrs. 12 CITIZEN OF WHAT COUNTRY? S. A. 680 Address TLa Of

> INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(County)

that I last saw the deceased

M, from the causes and an the date stated above.

(State)

24b, REGISTRAR'S SIGNATURE



CERTIFICATE OF DEATH 10074

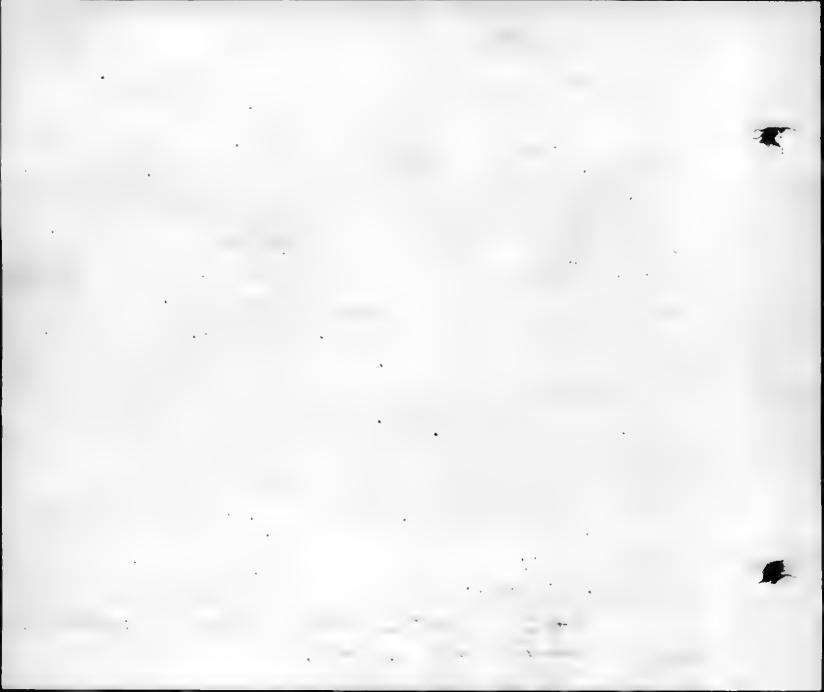
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 Disc	Ma			

	14041	CLXIII	ICAIL OI	DEATH		Reg.	Dist. No.	
1. PLACE OF DEATH  o. COUNTY  Prince Georges		MARYLA	O. STATE			. If institution: Res b. COUNTY - rin(	dence before	
b. C TY OR TOWN (If outside corpor Chiever Dye necrest town)	ote limits, write	c. LENGTH OF STAY IN 7days	1 1b c. CITY C			mits, write RURAL c	nd give neare:	st fown)
d NAME OF HOSPITAL (If not in hose or institution  Prince Georges Ge		idress)	/	Ritchie	St.		1	IS RESIDENCE ON A FARM? (ES DIMO
3. NAME OF DECEASED (Type or print) Alice	First	Middle	Bryar	Lost	4. DATE OF DEATH	Month Nov.	Day 11	Yeor 19 59
5. SEX Fem. 6. COLOR OR Negro	MIDOMED	NEVER MARRIED	8. DATE OF B		9. AC	E (In years IF UN t birthdoy) Mont		UNDER 24 HRS. lours Min.
10a. USUAL OCCUPATION (Give kind a during most of working life, even if	f work done 10b. K	IND OF BUSINESS OR	INDUSTRY 11, 8IRT	HPLACE (Slote of	r foreign country)	12.	CITIZEN OF W	HATCOUNTRY?
13 FATHERS NAME	wis		14. MO29	ER'S MAIDEN NA	IME OL	een s		
15. WAS DECEASED EVER IN U. S. ARM		OCIAL SECURITY NO	RMANT	ce de	mt 6	204 L	st.	25.
18 CAUSE OF DEATH [Enter only PART I, DEATH WAS CAUSI IMMEDIATE CA	D BY: /-	for (a), (b), and (c).]	· ·· latin	0119	aruit	<i>t</i>	ONSET	AL SETWEEN AND DEATH
Conditions, if ony, which	(b)	Dibet	es inte	Miti	<i>( )</i>			
0		entributing to DEAT		TO THE TERMIN	AL DISEASE CON	IDIT ON GIVEN IN		WAS AUTOPSY PERFORMED? ES ( 'NO (
OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAM	DEATH	RIBE HOW INJURY OCC	CURRED. (Enter notu	re of injury in Po	ort I or Port II of	item 18.)		
20c. TIME OF INJURY Month, Do	y, Year 20d INJ While of work	Not while	foctory, street, o	RY (Hame, form, office bldg., etc.)	20f. (City or to	wn)	(County)	(Stote)
21. I certify that I attende	d the decease	d from Nov.	, 19.0	29., to No	y. ll	_, 19_59hat	l last saw 1	he deceased
actual SIGNATURE VAL		59 , and that o		-		causes and an city or town, state)	11.	DATE SIGNED
PHYSICIAN'S Dr. Till	l Bergeman	on		dos	J. Com	, a(	/	
22 BURIAL CREMATION, 22b. DATE REMOVAL (Specify)	THEREOF	22c, NAME OF CEMET	EPOOR CREMATOR	e	Upps	City, town, or cour	auch	WW C
23 FUNERAL DIRECTOR'S SIGNATURE	natar	ADDRESS 467	N atz	240. REC'D	BY REGISTRAR	24b. REGISTRAR'S	S SIGNATURE	

in the he funeral director, and a should be filed-with after death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs by the haspital ar attending physicion.
CTOR: After this certificate has been signed by the ottending physician and campletely filled in be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and prior to buriol, crematian, or removal, and in any event within 72 hours after death page 3 shauful the registrar pri may be retain TO FUNERAL TO HOSPITAL

VS A15 (4) 15M 9/58



NAME (Typo) ERIT

12c, NAME OF CEMETERY OF CREMATORY

LAUREL MI

MARKEAH (Stote)

220. BURIAL, CREMATION, REMOVAL (Specify)

22C. NAME OF CEMETER

and the

tani Cupen

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

240. REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

and fran

226. DATE THEREO!

DATE

0 1 159

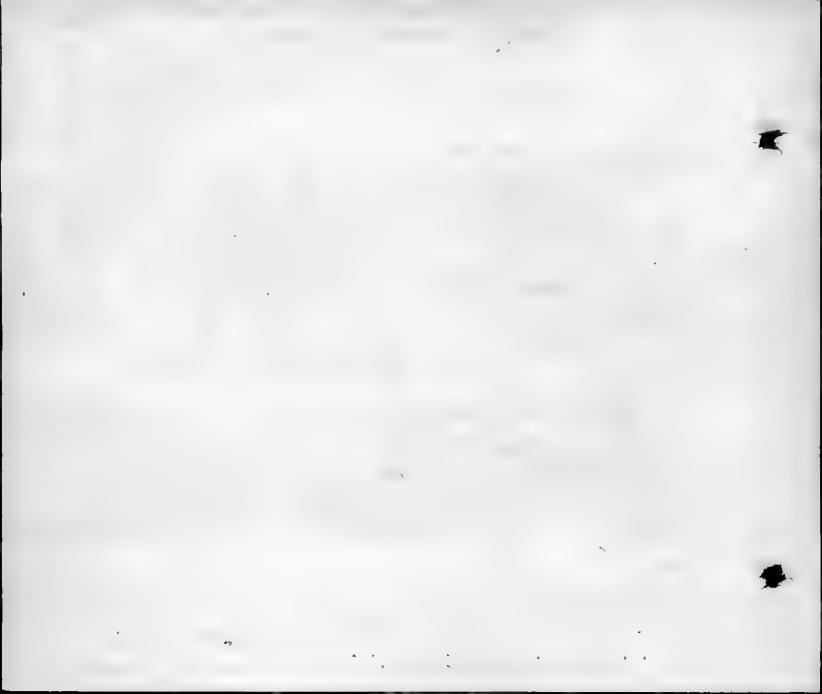
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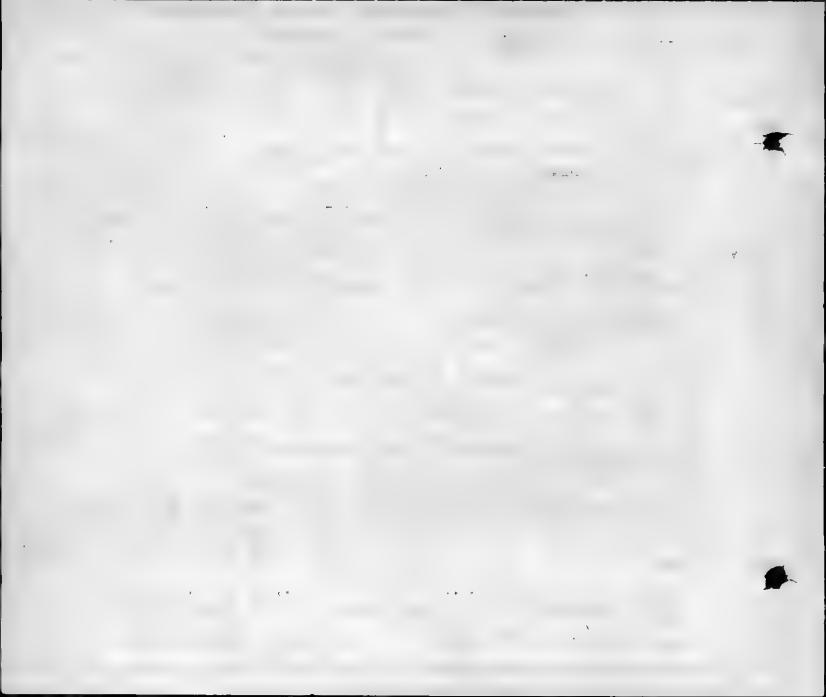
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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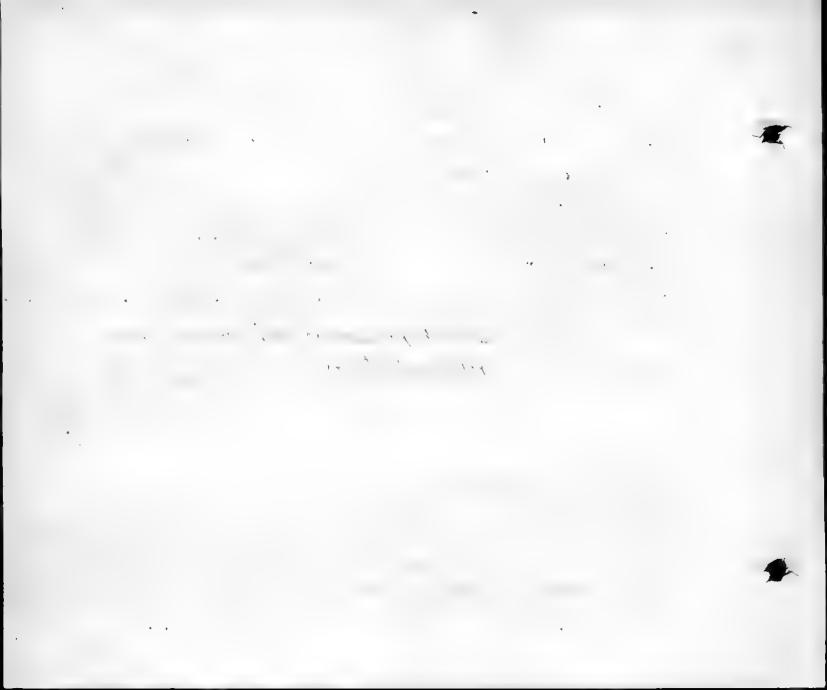
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12875

**CERTIFICATE OF DEATH** 

Reg. Dist. No

1. PLACE OF DEATH a. COUNTY	444844	2. USUAL RESIDENCE (WH	ere deceased lived	f. If institution- Re b. COUNTY	sidence before a	dmission)
Prince Georges	MARYLAND	<u>Marylan</u>	d		George	S
<ul> <li>b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)</li> </ul>	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate l'	mits, write RURAL	and give nearest	tawn)
Cheverly	8 hrs	33 Bladens	hure			
d. NAME OF HOSP TAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS				S RESIDENCE ON A FARM?
Prince Georges General	Hospital	1,909 0	vincy D	Page Str	eet YE	S NO 🔀
3. NAME OF First DECEASED (Type or print)	Middle	Last	4. DATE OF DEATH	Month	Day	Yeor
1/0/	rnest	Carter		NOV GE (In years IF U)	NDER TYEAR IF I	19 59
		8. DATE OF BIRTH	la:	st birthday) Man		ours Min
Male White WDOWE 100. JSUAL OCCUPATION (Give kind of work done 10b.		9 Feb 1909	50		C.CITIZEN OF WI	14.T.COUNTRY2
during most of working life, even if retired)			T		USA	TATCOUNTRIP
Mechanic A	uto Body	Yancy Con	V /	/ •	USA	
Robert Eugene Carter			ankenship			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT		Address		
(Yes, no or unknown) (If yes, give wor or dates of service)		rnest E. Carte	er, 490	Quincy S	t.Blader	nsburg, M
18 CAUSE OF DEATH [Enter only one couse per lin	ie far (a), (b), and (c).]	I h	41 0	/		AL BETWEEN AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Burchbare	umonia wi	th abou	eas Norm	ation	AND DEATH
49,2 X DUE TO				1	1	
Conditions, if any, which )	Madrite	tion				
gave rise to immediate	11 12 100000					
cause (a), slating the under-	1					
, (c)	CANTRIES TIME TO DEATH SUIT	ALOT RELATED TO THE TERM	NAME OF A SECULAR	IDITION CHEE IN	2 BART 1/-1 10 V	V29OTHA 2AVA
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ON TRIBETING TO BEATH BUT	NOT KEENTED TO THE TERM	MAL D SEASE COI	ADITION GIVEN IN	P	ERFORMED?
20g. ACCIDENT WAS UNDERLYING 1 20b. DESC	TRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part Lar Part II of	îtem 18.)		2
	mac non maon occome					
	1	ACE OF INJURY (Home, form		IWR)	(County)	(State)
Haur a.m. White all wark	INUI WILLIE	ctory, street, office bldg., etc	4.1			
21. I certify that I ottended the decease	<u> </u>	18, 19VB, to	DA-1 10	101/94	1.1	
11 . / //						
alive on 191	, ond that death	occurred of 5.5 OA				DATE SIGNED
ACTUAL A SIGNAL A LA	2 11	(1/21	AUDIKESS (Sireel,	city or town, state)	, nor.	DATE SIGNED
SIGNATURE / along H	She	May V 7 3 2 1	June	· Clery	LIVI CO	
PHYSICIAN'S PUNALD S. +	TEISCHE !	è Was	Dos Cle	lug	1 1	1/19/10
220. BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d LOCATION	(City, Iown, or cau	inty)	(Stole)
Burial Nov.21/1959	Unknovm			le. N.C.	,,	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A		D BY REGISTRAR	24b. REGISTRAR	'S SIGNATURE	
IN It Chambers Rive	rdale, The	DATE	NOV 2 4 '59	arth	un S. Kraa	4
11.01						



MEDICAL

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FOR STATE

FOR STATE HEALTH DEPT.

PEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please ecute the equilibriate, writing the word "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the function. Page shauld the warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain pryour files. UNERAL WRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State word of Health, its designated agent, prior to burial, cremation, ar removal, and in any eyest with 72 hours after death. ö

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2	W W	7	5	
V8 5/				

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Thermal 10a, 10b & 22b, F. m. G-253, 12/6/39 cac, Reg. Dist. No.

-1-		The second second second	Till a Co		A 45 45 45 100			3				
1,	PLACE OF DEATH	ce Georges	S	MARYLAND	g. STATE Conn		b. COUNTY HE		dnission)			
	b. CITY OR TOWN (if a and give nearest town)	outs de corporate fimilis, writ	# FURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N [If outside carpo	orate limits, write RURA	L and give neares	town)			
	T.B.			Transient	Manchester Green							
	d NAME OF HOSPITA	L OR INSTITUTION (	If not in hosp	oital, give street address)	d. STREET ADDRESS e. IS R							
	Dobson's E	lospital			562 East	Middle T	urnpike		NO A			
3,	NAME OF DECEASED	Fir	st	Middle	Lost	4 DATE	Month	Day	Yeor			
	(Type or print)	AARON		$(N_{\bullet}M_{\bullet}N_{\bullet})$	COOK	OF DEATH	November	11th,	19 59			
5.	SEX	6 COLOR OR RACE	7. MARRIE	D NEVER MARRIED   8	DATE OF BIRTH	1	AGE (n years   IF Ut	DER TYEAR IF U	NDER 24 HRS			
	Male	White	WIDOWED	DIVORCED [	June 6th,	1909	fort birthday) Mon	this Days Hou	rs Min.			
- 1	during most of working	life even if retired)		okerage (see b		_		USA USA	AT COUNTRY?			
- 1		Garage &	gas st	ation operate	M. MOTHER'S MAID	EN NAME						
	Arthur Cod	ok			Jennie	Luce						
	No No DECEASED EVE	R IN U. S. ARMED FO 14 year give wor or dates of None			Elizabeth	L. Cook	, 562 E.Mic	dle Toke	_Conn.			
	18. CAUSE OF DEAT	H [Enter only one car	use per line f	or (a), (b), and (c).]				INTERVAL BE	TWEEN			
	PART I. DEAT	H WAS CAUSED BY:	Acut	e congestive H	eart Failu	ra		ON SER SER	DIAM			
	1 1 . 15	DUE TO										
	Canditions, if on		Cor	rdio-vascular	namal diam							
	gave rise to immedi	ote cause	U du	dro-vascular	Lenal dise	ಜನಕ						
н	(a), stating the us	nderlying DUE TO										
Ι,		) (c)	DITIONS CO	INTRIBUTING TO DEATH BUT IN	OT BUILTED TO THE	COLUMN AS PAREACC	COMPANY MARKET					
CATION		ek stoletriczen con	0110113 00	MINIOUNIO TO DEATH BOT P	OI KELAIED IO INC I	ERMINAL DISEASE	CONDITION GIVEN IN		FORMED?			
CFPTIF	PRIMARY OF CONCAUSE OF DEATH.	SE WAS TRIBUTING []	06. DESCRIBE	HOW INJURY OCCURRED, JE	nter noture of injury in	h Port I or Part () a	Filem 18 )					
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	White		CE OF INJURY (Home, ory, street, affice bldg.	farm, 20f (City	or tawn)	(County)	(State)			
	21. I certify the	at I took charge	of the r	emains described abo	ve, held an Aut	opsy 🗍, In:	spection (C), In	quiry XX	and in my			
				auses 🔼 Accident [	_	, Homicide		ed manner [				
	ACTUAL SIGNATURE	rmer	191	forgel	M D CHIEF MEDIC	AL EXAMINER		DAT	E SIGNED			
	EXAMINER'S NAME (Type) Ja	mes I. Boy	d	()		EDICAL EXAMINER	_	Nev.11/	1959			
27	To BURIAL TERMINA			22c. NAME OF CEMETERY	ROCHEROSOK	22d LOCATI	ON (City, town, or cou	nty} (S	iole)			
	Burial	Nev. 18,1	1959.	East Cemetery		Manol	nester, Com	necticut				
2:	FUNERAL DIRECTOR"	SIGNATURE		ADDRESS	240.	REC'D BY REGISTR		A				
	W. W. C	HAMBERS CO	)., R	iverdale, Mary	land. DATE	E NOV 1 6 '5	9 · Cuthu	1 & Kraus				
- Daniel	A				(							



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 走	N	IJ	U	47	

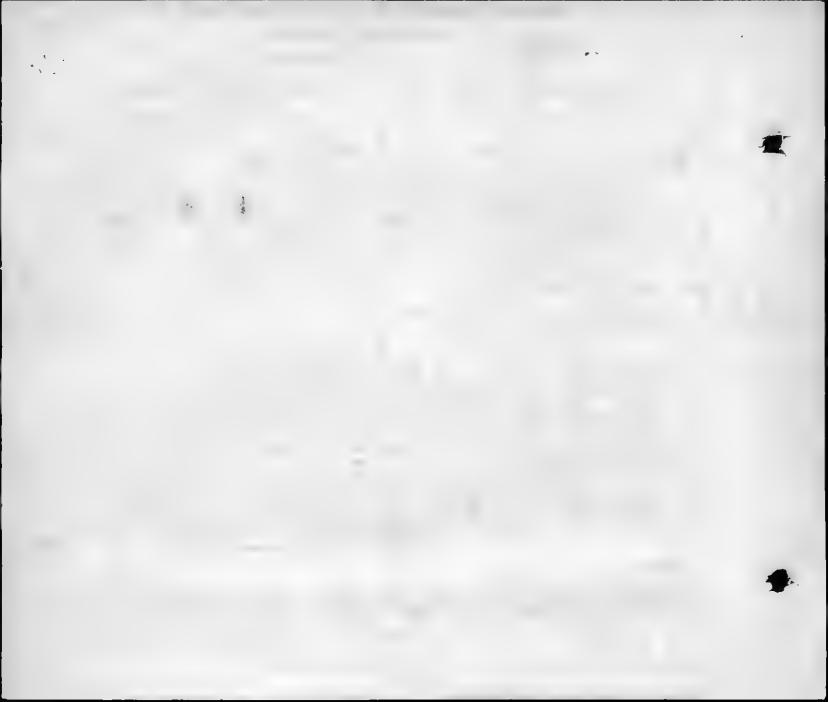
M the funeral director, shauld be filed with may be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shaving be detached for use as the burial-transit permit. Then please temave carbon papers. Pages 1 ships the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. I

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 9/55

L	12877	OBINITION .	TIE OF BEATT		Reg. Dist. No.
1.	O. COUNTY, GEORGE	MARYLAND	2. USUAL RESIDENCE (Who	re deceased lived. If institut b. COUNTI	Pri George admission)
	b. CITY OR TOWN (If autside Carporate limits, write RURAL and give nearest town)	20 yrs.	+ Bren	two od.	RURAL and give nearest fown)
	d. NAME OF HOSPITAL (IF not in hospital, give street odd 3 PC INSTITUTION 3 Y LOR St.	(ress)	3704	aylor :	S - IS RESIDENCE ON A FARM? YES NO D
3.	NAME OF DECEASED (Type or print) Bertha	Middle P.	CusicK	4. DATE MO OF DEATH	OV. 27, 1959
5.	Female Scolor or RACE 7. MARRIED WIDOWED)	DIVORCED 🗌	8. DATE OF BIRTH	9. AGE (In years lost birth a y)	Months Days Hours Min
10	to. USUAL OCCUPATION (Give kind of work done lob. KIN dueing most of working the, even if retired)	ATHUME	STRY 11 BIRTHPLACE (Share of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	Alexander R	eamy,	14 MOTHER'S MAIDEN N	AME I'C	
	(ex. no for unknown) [If yes, gave were or defea of service)	CNE 17.	OhN R. Cus	sict Jr. Ad	SOME > S # 2.
	18. CAUSE OF DEATH [Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).]	hombour		INTERVAL BETWEEN ONSET AND DEATH
	532 × DUE TO  Canditions, if any, which ) (b)	Jeneulsi	alemode		o' yeur
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>   DUE TO   (c)				
CATION		TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CFB71E		BE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort I or Port II of item 18)	
MFDICAL	Coc. TIME OF INJURY Month, Day, Year 20d. INJU While p. m 19 at work	_ Not while fa	ACE OF INJURY (Home, form, clary, street, office bldg., etc.)	20f. (Cily or lown)	(County) (State)
	21. I certify that I attended the deceased alive on 14.7. 46 1967		1907; to 2	14 from the source	Inthat I last saw the deceased and on the date stated above.
	ACTUAL -0 C	, und mor dean		ADDRESS (Street, city or lown	
	PHYSICIAN'S NAME (Type) I RAYMOND	Raedy	3701 Lel	- 11 C: 0	herr Chase, Md
2		C. NAME OF CEMETERY OF	0 6 -	22d LOCATION (City, town,	
23	J. FUNERAL DIRECTOR'S SIGNATURE Co. 580	ADDRESS   Clevelan	AVe 240. REC'D		ISTRAR'S SIGNAPORE



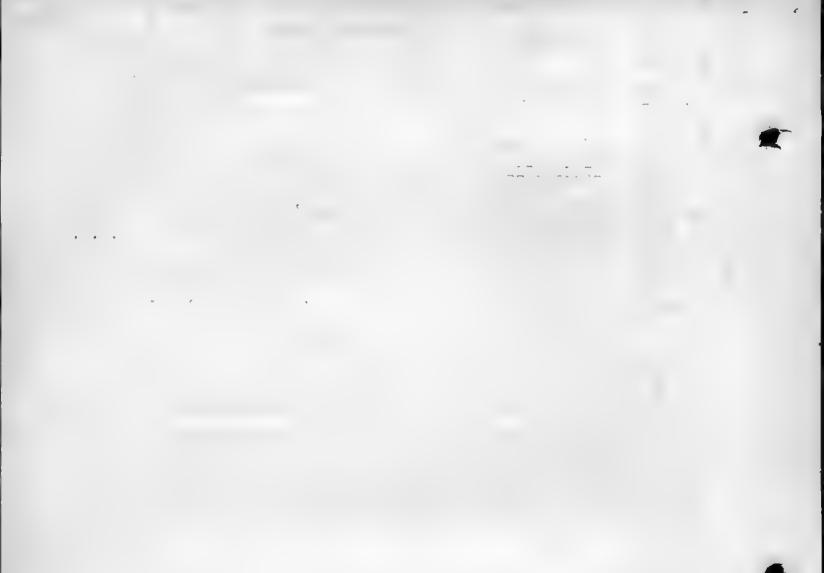
CEDTICIC ATE OF DEATH

12860

1	12927	CERTIFICA	ALE OF DEATH	Reg. Dist	. No.
1	1. PLACE OF DEATH 0. COUNTY		2 USUAL RESIDENCE (Where decease	ed lived If institution; Residence	before admission)
	Prince Georges!	MARYLAND	o state Harvland	b. COUNTY Pr. (	leo's
	b. CITY OR TOWN (If autside corporate limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp		
þ	RURAL - Upper Marlboro	50 years	X RUBATUpp	er Marlboro	
I	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	ress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
					YES X NO
ľ	3. NAME OF Stella / /First Ju (Type or print)	ilettwode	Lost OF DEATH	Month	Day Year 19.59
	5. SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH		YEAR IF UNDER 24 HRS
	Female White WIDOWED	X DIVORCED	Nov. 11, 1884	last birthday) Manths D	lays Hours Min
	19g. USUAL OCCUPATION (Give kind of work done 10b. KIN	D OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or fareign	country) 12 CITIZ	EN OF WHAT COUNTRY
ı	during most of working life, even if refired) HOUSEWITE DOUGCO O	wn Home-Far	rm Missouri	U	S.A.
Ī	13. FATHER'S NAME L' & L'ILLLIE		14. MOTHER'S MAIDEN NAME		
١	Unknown		Unknown		
ľ	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SO	CIAL SECURITY NO. 17. II	NFORMANT	Address IImi	er Marlbo
l	(Yes, no, or unknown) [If yes, give wor or dates of service)	Ed	dward D. Danenh		
F	18. CAUSE OF DEATH [Enter only one cause per line fi			No.	INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY:	1 126 720	Than I was		ONSET AND DEATH
l	4.20./ IMMEDIATE CAUSE (o)	UI UNAI Y	1 Clow on the		1 min
l	000.10	Da la alla	note Au	11	<b>-</b>
l	Canditions, if ony, which gave rise to immediate (b)	CONYODIVINA	Four Chapt	Miserso	170
ı	cause (o), stating the under OUE TO				
l	Z lying cause last. ) (c)	TRANSPORTED TO ACCUSE OUT	L. C.		
ı	PART II OTHER SIGNIFICANT CONDITIONS CON	IRBUTING TO DEATH BUT	NOT RELATED TO THE FERMINAL DISEA	SE CONDITION GIVEN IN PART I	PERFORMED?
	D ACCIDENT WAS INVESTIGATED TO THE PERSON OF				YES NO
	PART II OTHER SIGNIFICANT CONDITIONS CON  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH	SE HOW INJURY OCCURRED	CEnter nature of injury in Part I ar Pa	rt II of item 18.)	
ı	20c. TIME OF INJURY Month, Day, Year 20d. INJU	RY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (Cit	ly or town) (Co	unly) (Stole)
	20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour a.m While p. m 19 of wark	_ INDI WHITE	tory, street, affice bldg., etc.)	, , , , , , , , , , , , , , , , , , , ,	(4.0.0)
	21. I certify that I attended the deceased	10	( , 1959, to MOY 2	2 1937 that I la	
	alive an 19.5		accurred at J.P.M. fra		st saw the decease
ĺ	Dan	fr-, olid filor dealls		treet, city or tawn, stota)	DATE SIGNED
	SIGNATURE TO JASSEL		M.D. When I	nastlina 9	nd haren
	PHYSICIAN'S R. B. Sasscer,	M.D.	Upper Marlb	oro, Marylan	d: /5
1	220 BURIAL, CREMATION, 22b. DATE THEREOF 22.	2c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCA	ATION (City, town, or county)	(State)
•	Burial   11/30/59	Rock Creek	Cemetery Was	hington.	D. C.
2	73. FUNERAL DIRECTOR'S SIGNATURE	ADDRESSUpper	24a. REC'D BY REGIS		IATURE
	Ritchie Bros Funeral Ho	me-MonThon	0 1/10 0475 050 1	759 Cathur &	Theres

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death Page 4 the funeral director, should be filed with may be relabed by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shape, be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and the registrar priar to burial, crematian, or remaval, and in any event within 72 hauss after death. VS A15 (4) ISM 10/57



S.H.Hines Co. 2901

Wash D.

DATE NOV 9

'59

luth St.

2 VS A1S (4) 15M 9/5B

12861 Reg. Dist. No.

. IS RESIDENCE

ON A FARM?

YES NO

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO IN

(State)

(State)

U.S.A

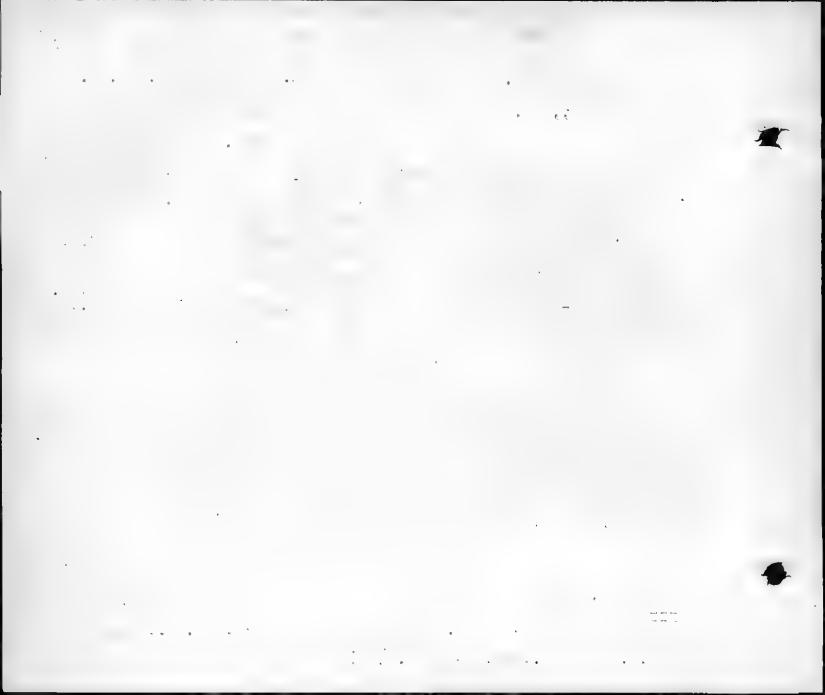
Hills . Md.

(County)

Cirtimor & Kraus

Year

1959



# FOR STATE HEALTH DEPT. inecessary, please of girectar. Page ir your files.

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

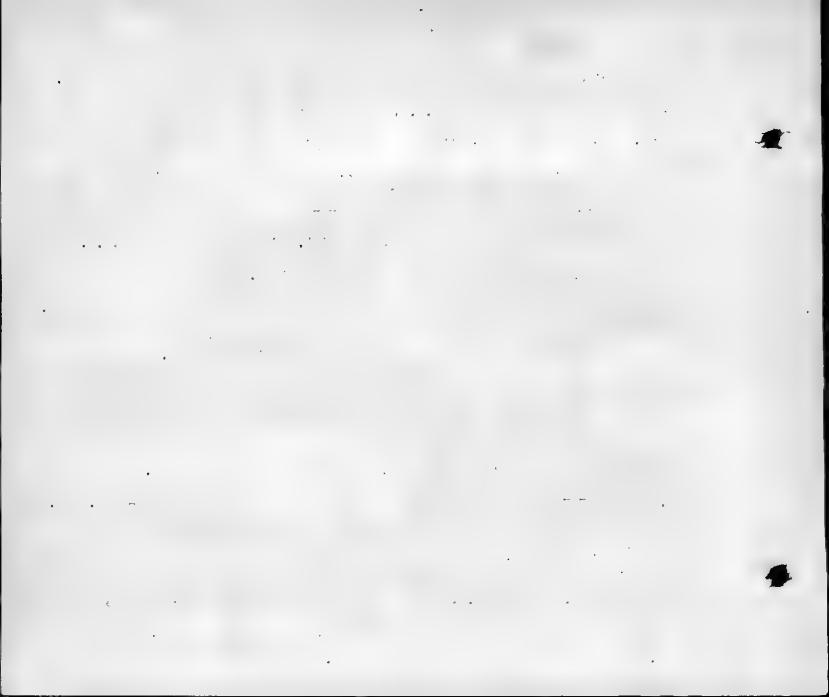
12862

28 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DE	ATH			2. USUAL RESIDENCE	E (Where deced	sed lived. If institut	ion: Residence bef	ore odmission)
. COUNTY	Prince Geor	ges	MARYLAND	o. STATE Hary	land	b. COUNTY	Prince	Geo.
b. CITY OR TO	DWN jet ovlaide corporate limits, writ	e EURAL	c. LENGTH OF STAY IN 16			rporote limits, write	RURAL and give n	igrest fown)
	verly		D.O.A.	Eas	t River	dale		
d. NAME OF	HOSPITAL OR INSTITUTION	If not in hos	pital, give street address)	d STREET ADDRE				e. IS RES DENCE
Prin	ce Georges Gen	eral H	lospital	6319	Longfe	llow Stre	et	YES NO X
3. NAME OF DECEASED	Fir	sl	Middle	Lost	4. DATE OF	Month		Year
(Type or prin	David		Robert	Dennis	DEATH	21000		19 59
5. SEX	6. COLOR OR RACE	7. MARRIE	D 🗋 NEVER MARRIED 🔣 B	. DATE OF BIRTH		9. AGE (In years lost birthday)	Months Days	Hours   Min
Male	white	WIDOWE		11-2-41		18 yrs.		
100. USUAL OC	CUPATION (Give kind of work f working life, even if refired)	done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (S	State or foreign	country)	12. CITIZEN OI	WHAT COUNTRY?
Stoc	k clerk	I	epartment sto	e Dist.	of Colu	mbia	U.S.	1.
A3, FATHER'S N	AME			14. MOTHER'S MAID	EN NAME			
Cha	rles Joseph	Dennis	3	Maud	lie F. R	leh		The state of the s
15. WAS DECEA	SED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
No				Charles Jos	eph Den	nis; same	address	as #2.
18. CAUSE	OF DEATH   Enter only one co	use per line	for (a), (b), and (c).]				NTER ONSE	VAL BETWEEN T AND DEATH
* PART	1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	Fracture disl					
000		mm ml	ractured skul	L and compr	ression	of chest.		
Condition	s, it ony, which) (b	1	Automobile ac	cident				
	o immediate cause DUE TO	•						
couse lost		)						
Z PART	II. OTHER SIGNIFICANT COM	IDITIONS CO	INTRIBUTING TO DEATH BUT I	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(0)	P. WAS AUTOPSY PERFORMED?
PART 20g. EXTERN PRIMARYOC CAUSE OF							1	res 🔲 NO 🛣
20a. EXTER	VAL CAUSE WAS 2	06. DESCRIB	HOW INJURY OCCURRED.	inter noture of injury in	Port 1 or Port I	l of item 18.)		
CAUSE OF	FATH.	Pa	assenger in an	automobile	that t	urned ove	r.	
3 20c, TIME C			NJURY OCCURRED 20e. PLA	CE OF INJURY (Home,	form, 120f. (Cr	ty or town)	(County)	(State)
20c, TIME 0	11-6-59 <sub>19</sub>	While of we		ory, street, office blog. Lghway		rwyn Heig	hts- Pr	. Geo. Md
		e of the	remains described abo	ve, held an Aut	орѕу П,	Inspection X,	Inquiry A	and in my
	-		caușes 🔲, Accident				rmined manne	printer.
					,,			
ACTUAL SIGNATUR	191m )	11/1	lonen	M.D. CHIEF MEDIC	AL EXAMINER	]		DATE SIGNED
/ (2/s)	The state of the s	le alla figition to the	7 -		EDICAL EXAMIN			
EXAMINEI NAME (Ty		oney,	M.D.	DEPUTY MEDI	CAL EXAMINER	Novem	ber 9,	1959
220. BURIAL C	REMATION, 22b. DATE THERE		22c. NAME OF CEMETERY OF	XXDIAMAKX	27d. LOC	ATION (City, town, a	or county)	(State)
Buria		1959	Washington N	ational	Sui	tland, Mo	i.	
	RECTOR'S SIGNATURE		ADDRESS	240.	REC'D BY REGIS		TRAR'S SIGNATUL	tE
F	Gasch's Sons	llya	ttsville, Mar	yland. DAT	NOV 1 2 15	ig and	hur S. Kross	4

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is resecute the "Ficote, writing the ward "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral 4 should E. "arded to the Chief Medical Examiner's Office along with farm PMS. Page 5 may be retained TO FUNERAL ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the States or its designated agent, priar to barial, cremation, ar removal, and in any event within 72 hours after death. V5. A15ME 5M 2/57

.



director. Page y director. Page r your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the Astificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be walled to the Chief Medical Examinar's Office along with farm PM3. Page 5 may be retained TO FUNERAL LIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State, or its designated agent, prior to burial, cremotion, ar removal, and in any event within 72 hours after death.

A15ME 5M 2/57

2

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12863

	12000-							Reg. D	ist. No.	w
PLACE OF DEATH	はおりたび			2. USUA	L RESIDENCE (V	Vhere deceas	ed lived. If institu	ul'on: Reside	nce before od	mission)
o. COUNTY Prince	e Georges C	ounty	MARYLA	O. ST	Mary!	land	b COUNT	Prine	e Geor	Eas
	f outside carporate fimilis, write		LENGTH OF STAY IN	lb c. CII			orote limits, write			
-	Marlboro				Oven	Hill.				
	IAL OR INSTITUTION (	f not in hospite	l, give street address)	d/STI	EET ADDRESS	Trans.				RESIDENCE
Prince	e George Co	mtse Ja	47	- 1 /	6140	Charl.	as Worr			A FARM?
NAME OF	Fin		Middle		lost	4. DATE	Mont	<u> </u>	Day	Year
Type or print)	ELME		CECIL	DIT	CKETT	OF DEATH				19
EX			T SEREKWERING				Novemb 9. AGE (In years	TIFUNDER		DER 24 HR
ale	White					\E	lest birthday)		Days Hours	9 ~
	ON (Give kind of work of	WOONSER'S					54 yrs.	an ciri	TEN OF WALL	
ring most of working	ng life, even if retired}	1				_	• • •		ZEN OF WHA	COUNTR
arpenter		St.	Elizabeth 1				1.	U,	S. A.	
FATHER'S NAME		•		14. MOTI	IER'S MAIDEN I	MAME				
	Samuel P. D					Matt	ie Olark			
WAS DECEASED EV	FER IN U. S. ARMED FOR	RCES? 16. SO(	LIAL SECURITY NO. 1	17. INFORMAN			Address	6149	Charle	s Way
No	None	Yes	•	Mr. He	cbert G.	Clar	k, Oxen l	H111.	Maryla	nd.
18. CAUSE OF DEA	ITH Enter only one cau	se per line for	(o), (b), and (c).]						ONSET AND D	VEEN
gave rise to imme (a), stating the cause fast.										
	HER SIGNIFICANT CON	DITIONS CONT	R BUTING TO DEATH P	UT NOT RELATE	D TO THE TERM	NAL DISEASI	CONDITION G	VEN IN PAR	1(a) 19. WAS	AUTOPSY
	•									ORMED?
20g. EXTERNAL CA	LISE WAS 20	b DESCRIBE HO	OW INJURY OCCURRE	D. /Finher policies	of investin for	t I ne Port II	of item 1811		11.3	140
200. EXTERNAL CA PRIMARY D or CO CAUSE OF DEATH.	NTRIBUTING []					, , or rom 11	or vien ie j			
		Shot w	hile_resist	ting Ar	est.	201 (0)				
20c, TIME OF INJU	KT Monin, Day, tec	While	JRY OCCURRED 20e. Not while at work	factory, street,	JRY (Home, torn office bldg., etc	1, 120% (City	or fawn)	(Cou	,,	(Stote)
									) B Mary	. Md
9:40 p.m.	11/ 14/19	99 at work [		Jail		Upp	er Marlb			,
9:40 p.m.	11/ 14/19 hat I took charge	99 at work [				Upp				
9:40 p.m. 21. I certify t		of the rem	oins described	obove, held	on Autops			, Inquir	y <b>K</b> , o	nd in m
9:40 p.m. 21. I certify t	hot I took charge	of the rem	oins described	obove, held	on Autops		spection .	, Inquir	y K, o	nd in m
9:40 p.m. 21. I certify t opinion death	hot I took charge	of the rem	oins described	obove, held	on Autops	i Մppα y █, Ir Homicide	spection .	, Inquir	y K, o	nd in m
9:40 p.m. 21. I certify topinion death	hot I took charge	of the rem	oins described	obove, held	on Autops	Uppe y K. Ir Homicide	spection	, Inquir	y K, o	nd in m
9:40 p.m. 21. I certify t opinion death	hat I took charge resulted from: 1	of the rem	ses []. Accide	obove, held	on Autops	Uppo y (X). In Homicide (AMINER () AL EXAMINE	spection	, Inquir ermined r	pare	nd in m
9:40 p.m. 21. I certify topinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type) Di BURIAL, CREMATIC	resulted from: 1  JAMES I.  DN   22b. DATE THEREO	of the rem	ses []. Accide	obove, held n1 . Su TM.O. CH AS	on Autops icide [], IEF MEDICAL EI SISTANT MEDICAL PUTY MEDICAL	Uppo y X, Ir Homicide (AMINER ) AL EXAMINER	Spection	Inquirermined r	y K, o	nd in m
9:40 p.m. 21. I certify topinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type)	resulted from: 1  JAMES I.  DN   22b. DATE THEREO	of the rem	ses []. Accide	obove, held n1 . Su TM.O. CH AS	on Autops icide [], IEF MEDICAL EI SISTANT MEDICAL PUTY MEDICAL	Uppo y X, Ir Homicide (AMINER ) AL EXAMINER	spection	Inquirermined r	DATE	nd in m
9:40 p.m. 21. I certify topinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type) 0: BURIAL, CREMATIC REMOVAL (Specify	resulted from: 1  JAMES I.  DN   22b. DATE THEREO	by of work [ of the rem Notural cou	Ses , Accident   D. NAME OF CEMETERY CEDAN	obove, held n1 . Su TM.O. CH AS	on Autops icide, IEF MEDICAL EI SISTANT MEDICAL TY C Z40, REC'	Uppo y X, Ir Homicide (AMINER ) AL EXAMINER	November 1246, REGI	Inquirermined r	DATE	nd in m



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIEICATE OF DEATH

12864

FOR STATE	MEDICAL DAAMINER	Reg. Dist. No.
EALTH DEPT.	1. PLACE OF DEATH 12931	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
g ± € 110	c. COUNTY Prince Georges MARYLAND	o STATE Maryland b COUNTY Anne Arundel
	b. CITY OR TOWN ( * outside corporate limits, write \$t_RAL   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1 d d d	Upper Marlboro Transient	Tracey's Landing
¥ .	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS  e. 15 RESIDEN ON A FAR
	In front of Fire House	None-Rural YES NO
e retain	3. NAME OF DECEASED (Type or print) EVERETT NICHOLAS	EASTON DEATH November 5th, 19 59
may by with 1	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8 WIDOWED DIVORCED 1	June 5th, 1925  9. AGE (In years   IF UNDER 1YEAR   IF UNDER 24   Starthday)  4 yrs.
rond 2	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Farmer—Self—employed  Farm	(RY 11. BIRTHPLACE (Stole or foreign country)  Chaneyville, Calvert Co. Hd. USA
0 7 8 T	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
S S S S S S S S S S S S S S S S S S S	Richard Henry Easton	Helen Mamie Young
ish ford t. File amy ev	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Vel no. or unknown)  No  None  16. WAS DECEASED EVER IN U. S. ARMED FORCES?  [If yet give wor er dates of services]  No  Unknown  Rice	chard H. Easton, Tracey's Landing, Md.
Office along voluments between and in	PART I. DEATH Enter only one course per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PRINT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PRINT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Gunshot wounds of Conditions. if any, which	Shest and abdomin
iner's obvice of or r	gove rise to immediate couse (a), stating the underlying cause last. (c)	
of Exora		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPOUR PERFORMED?  YES 17 NO 1
Medic Medic and be u	200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING DICAUSE OF DEATH.	inter nature of injury in Part I or Part II of Item IB )
or to be	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLA Fact of work of work of work	CE OF INJURY (Home, form, 20f. (City or lown) (County) (Stot Croome, Pr. Geo.Co., Md.
agent, pr	21. I certify that I took charge of the remains described about opinion death resulted from: Natural causes	
anoted a	SIGNATURE AMEN ST Jon	CHIEF MEDICAL EXAMINER C
NERA L	EXAMINÉR'S James I. Boyd  270 BURIAL K JEMATION   226 DATE THEREOF   1220 NAME OF CEMETERY OR	DEPUTY MEDICAL EXAMINER (X)  CREMATORY   22d LOCATION (City, fown, or county) (5tole)
5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4	REMOVAL (Specify) 1/ G Carpers	Dunkist, mo
A15ME 3 2/57	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE  - K 1/6 1/ DATENOV 1 7 '59

VS. A15ME 5M 2757



574.30-1689

YS.

	1/V			MARYL	AND S	TATE D	DEPART!	WE	NT OF H	<b>IEALTH</b>	I-BAI	TIMORE,	18			
1				1202	DICA	L EXA	MINER	2'5	CERTI	FICAT	E OF	DEATH	Reg.	Dist. No	128	368
,	M )		PLACE OF DEATH							,		ed lived. If instit	ution: Resi			
,		H		ince Geor		LENGTH	MARYLAN FOF STAY IN 1					Col. COUNT				- W
			Lewis	dale						Vashi		porate limits, write	47.	ng give n	egresa Ion	wnj
	h.	Г		L OR INSTITUTION (		pital, give st	reet address)		d. STREET A							SIDENCE A FARM?
				23rd Aver					251	17 Mo		Place			YES _	NO DE
			NAME OF DECEASED (Type or print)	William William	et .		Middle		lost		4 DATE OF	Mont		Day		ear EO
		5. 1		6. COLOR OR RACE	7. MAPPIE	Fran			Fitzge		DEATH	P. AGE (In yours		23		9 59 ER 24 HRS.
			Male	white			NVORCED T		8-8-			lost birthdoy) 53 yrs.	Months	Days	Hours	Min
/		10a	. USUAL OCCUPATIO	N (Give kind of work of				USTR		-	or foreign c	der der	12. CI	TIZEN OI	F WHAT	COUNTRY?
	I	ľ	luring most of working Lawyer	j life, even if refired)	D	ept.	of Ju	8.	0	Jonne	ctici	ıt		U.	S.A.	
•	ر ت	13.	FATHER'S NAME					Ť	14. MOTHER'S							
			William	J. Fit	zger	ald			N	lary	A.	McGrat	h			
		15. (Yes	, no, or unknown) [ :	R IN U. S. ARMED FOI (II yes, give wor or dates of	service!		1 -					Address				
		_	No				1-590B		Dougla	B A.	Cla	rk; War	ner			
				H [Enter only one cau H WAS CAUSED BY:	se per line f	or (o), (b), o	ond (c).]							ONSE	YAL BETWE	EN ITH
				MMEDIATE CAUSE (0) DUE TO	Pu	ilmona:	ry and	ce	rebral	edema		74/1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				·
			Conditions, if an gave rise to immed	iote couse	A	cute	congest	įv	e heart	fail	ure					
			(a), stating the w	nderlying (c)												
	2	ICATION	PART II. OTHI	ER SIGNIFICANT CONI	DITIONS CO	NTR:8UTING	TO DEATH BL	TNO	OT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GI	/EN IN PA	,,,,,		NUTOPSY RMED?
		CERTIFIC	20g. EXTERNAL CAUPRIMARY OF CONCAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIBE	HOW INJU	RY OCCURRED	. (En	ler noture of in	jury in Part	I or Part II	af item 18.)				
		MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yea	While	NJURY OCCI	while	PLACI octor	OF INJURY (F y, street, office	Home, form, bldg., etc.)	20f. (City	or town)	(C	ounly)		(State)
			21. I certify the	at I taak charge	of the r	emains d	escribed a	bov	e, held an	Autapsy	Z4, Ir	nspection 🕡	Inqu	iry X	, and 1	find that
			death resulted	from: Natural	causes 🛚	, Accid	lent 🔲, S	vic	ide 🔲, H	lomicide	□, Ui	ndetermined	cause [	]		
			()	1 50-	. 1										DATE S	IGNED
			SIGNATURE	mn. J.T	aton	neig		_	MI.D.	MEDICAL EXA		_			DATES	IGRED
	d		EXAMINER'S JO	hn T. Mal	loney	, (M. I	<b>).</b> .			MEDICAL E			vemb	er	23.	1959
		220	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREO	F	22c. NAME (	OF CEMETERY	OR C	REMATORY		22d. LOCA	TION (City, town,	or county)		[Stote	
		_	Burial	11/25/59				Ce	metery			rwalk		ппес		t
		23.	F. Gasch		Hvatt	ADDRE	ss ie, Md.				BY REGIST	_ ^			_	
				_ 0110	-5401					DATE IN	OV 25	29 (	lethur .	S. The	ud.	



12932

### **CERTIFICATE OF DEATH**

12867

	14334	021(11110)		Reg. D	ist. No.
	1. PLACE OF BEATH a. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where do. STATE  Maruland	leceased lived If institution Reside	Georges
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give pearest town)  WHYATTSVILLE	c. LENGTH OF STAY IN 16	W. HVATISV	e carporate limits, write RURAL and $1/(e, Mac}$	
	d. NAME of HOSPITAL (If not in hospital, give street and OR INSTITUTION	oddress)	3405 Toledo	Terrace	on a farm? YES NO
	3. NAME OF First (Type or print)  FRANK	Middle	-21000	DATE OF Month	2 1 19 59
	5. SEX  6. COLOR OR RACE 7 MARRI White WIDOWE		Dec. W 1893	9. AGE (In years less birthday)  Months	R 1 YEAR IF UNDER 24 HRS.  Days Hours Min
	100 USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or fo	reign country) 12.CI	U.S.
	13. FATHER'S NAME  Elhanon Frieds	ON	Sarah Dia	mondson	
	13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (fee, no, or unknown) (If yes, give wer or dates of service)	SOCIAL SECORIT NO.	AFTIN Frank.	Address -4311-H ST SE. V	VashiDiCi
_	18. CAUSE OF DEATH (Enter only one couse per lin PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(c), (b), and (c).]	y Thound	1220	INTERVAL BETWEEN
	Conditions, if ony, which (b)	Jozonan	1 delero	) (-)	sevel 4.1 410
	gove rise to immediate couse (a), stating the under- lying couse lost.  (c)	/	<i></i>		J
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	RT I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	205 ACC DENT WAS UNDERLYING 206. DESC OR CONTRIBUTING 2 CAUSE OF DEATH CETHER, NOTIFY MEDICAL EXAMINER	IRIBE HOW INJURY OCCURRE	D (Enter noture of injury in Port I	or Port II of item 18 }	
•	Haur o.m. While	NJURY OCCURRED 206. PL Not while k ot work	ACE OF INJURY (Home, form, 20 clory, street, office bldg, etc.)	ff. (City or town)	(County) (State)
	21. I certify that I attended the decease	ed from this	n accurred Augy FIN	fram the causes and an th	ast saw the deceased
	SACTUAL SIGNATURE	ec-		RESS (Street, city or town, state)	DATE SIGNED
	S PHYSICIAN'S IRWINIL.	YAGER	WAJ	11 11676N	D.C.115
	220. BURIAL, CREMATION. 22b. DATE THEREOF 11/27/59	KITE David	Memi Garden 1	LOCATION (City, town, or county)	Va-
	23. FUNERAL DIRECTOR'S SIGNATURE! B.D. 212215 KY Y SONS	3501-14thst	N.W. 24a. REC'D BY		

a funeral director, auld beriffed with requires that the death certificate be executed within 24 hours after death. Page Typ the hospital or attending physician.
CIOR: After this certificate has been signed by the attending physician and completely filled in be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and event within 72 hours after death page 3 should be detached far use as the buriol-transit permit. the registrar prior to burial, cremation, or remaval, and in any ATTENDING PHYSICIAN: The low TO MOSPITAL C may be retay TO FUNERAL VS A15 (4) 15M 9/58

a



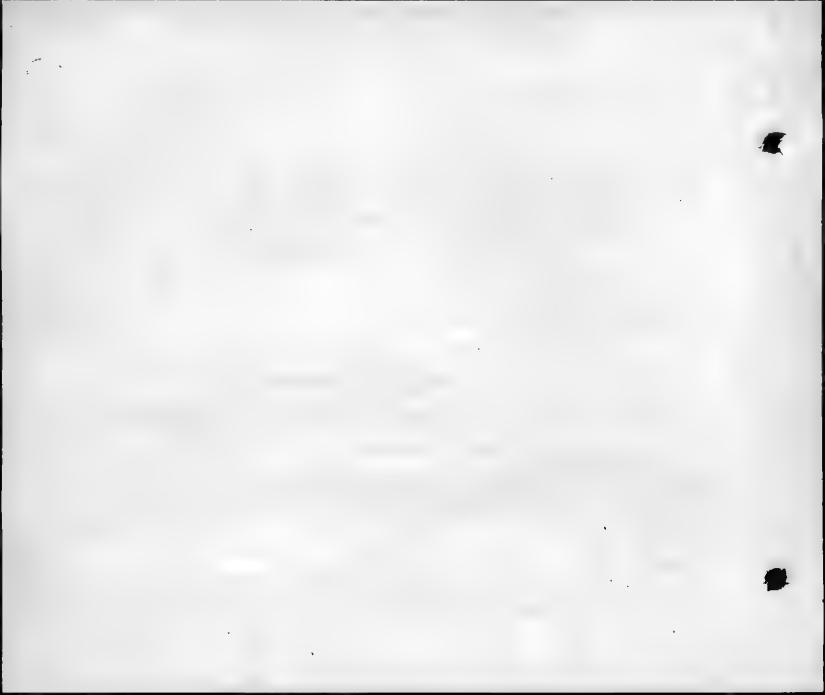
VS III15 [4] 15M 9/58

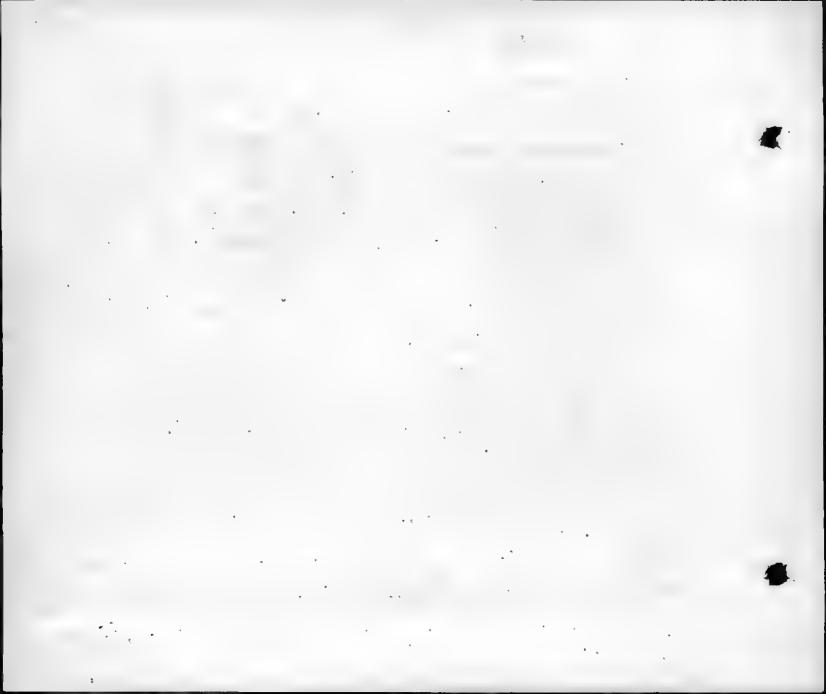
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12868

	1293	3	CERTI	FICAT	E OF DE	ATH	1			Reg. Di		120	300
1. PLACE OF DEATH 5. COUNTY PRI	NCE GEORGE	S	MARY	rLAND 2	USUAL RESIDEN	ICE (WA	ere decease	d lived. If ins b. COU		Residen		re admis	sion)
	f outside corporate lim	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW			prote limits, wr	ite RU	RAL ond	give nea	rest low	n)
RURAL and give no	P SPRINGS		14 DAYS	1	ALE	XAND	RIA			4			
d. NAME OF HOSPIT	AL (If not in hospital, ;	jive street			d STREET ADD							e, IS RE	SIDENCE
OR INSTITUTION	F HOSPITAL	ANDE	REWS		8 F.	AIRE	VA XA	ENUE					NO X
3 NAME OF	Fi		Middle	- 11	Lost		4. DATE		Month		Do		Year
(Type or print)	ADLAI		Ή		GILKES	ON	OF	NOVEL			2		19 59
5. SEX	6. COLOR OR RACE	T. MAP	RIEDEN NEVER MARRI	50 (T) (B, C	ATE OF BIRTH	- II		9. AGE (In y		IF UNDER			ER 24 HRS
MALE	1	WIDOW				dua		lost birthd	oy)	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	CAU	d			25 JAN 1		or foreign c	[ 66	yrs.	12 CIT	IZENI OS	AAA AT	COUNTRY
during most of work	ing life, even if retired	)						ounity)		12. (11			COOMIK
USAF			RETIRED US		PENNS.						USA	L .	
13. FATHER'S NAME					14. MOTHER'S MA								
	GILKESON					ANE	MONEI	L					
15. WAS DECEASED EVER {Yes, no. or unknown}	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO	), INFO	RMANT				Addre	55			
	911 TO 195		231-52-7278	1	WIFE			SEE	CEC'	TION	2		
18. CAUSE OF DEA	TH [Enter only one co	use per li	ine for (o), (b), and (c).	.]						_	INTE	RVAL B	ETWEEN
PART I. DEA	TH WAS CAUSED BY	BIL	ATERAL PULD	ONARY	FIDEL A A	ND A	ATELEC	TASIS .	AND	IN-	48	HOL	DEATH JRS
3	DITE TO	FARC	CTION										
Conditions, if or			HT LOWER LO	BE III	VG RESTO	TON	TALB	CANCIR			72	HOU	TRS
gove rise to it	mmediate (		I LOWELL LO	, LIL 2-01	id rapao.	1101	TOIL	Omionat			1~	1100	7140
couse (o), stoting lying couse lost.	the <u>hidel-</u>												
_	J (c		CONTRIBUTING TO DE	ATH BUT NO	T PELATED TO TH	E TE PAAI	NAL DISEAS	SE CONDITION	J GIVE	N IN PAR	T 1(o) 1	9 WAS	AUTOPSY
E CANCER OF		_							4 OIYE	ed ted t Wo	1 1(0)	PERF	ORMED?
S GAIGER OF			S HEART ATT									AF2 (X	NO [
THE EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRED (	inter noture of in	jury in i	ron tor ron	ri ii or item it	)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED  Not while rk  ot work		OF INJURY (Hony, street, office bloom			y or town)		(	County)		(Stote
21 I certify th	at Lattended the	decen	sed fram 19 00	TOBER	1959	n2 N	IOVEN B	ER 10	59 r	hat I Ia	nst eau	u tha r	decesse
alive an 2 N			59, and that										
dive dil			ZZ, dila filar	deum of	corred diggs.			tne cause: treet, city or t			e aare		te signe
SIGNATURE C	tilip	Q.	Ceopo	M.D	USAF			ANDRE			2	NOV	
PHYSICIAN'S PH	ILLIP A CO	X LT	COL USAF M	C US	AF HOSPI	TAL	ANDRE	JS, AN	DRE	WS A	FB.	MARI	<u>T</u> AND
220 BURIAL, CREMAT O			22c, NAME OF CEM	ETERY OR C	REMATORY		22d 1.OCA	TION (City, to	wn, or	county)		(Sto	ite)
SHE I AL	NOV. 51	959	ARLINGTO				//	NGTON	- /	/A.			
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	. 7	,, 24		D BY REGIS	TRAR 24b.	_	RAR'S SI	GNATU	RE	
Hi noli-de	areal Home	2 8	16 71 At 7	16 M	12 N N	NO	V 5 '5	9 (	aul	m 8	Krown	4	







Item 14 Film (253 TE OF

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) p. COUNTY p. STATE b. COUNTY MARYLAND Prince Georges Marvland Prince Georges b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Cheverly Clinton d. NAME OF HOSPITAL (If not in hospital, give street address) AL STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION YES NO Prince Georges General Hospital NAME OF First Middle 4. DATE Month Year Lost DECEASED (Type or print) DEATH 19 KQ Earl Goodwin Nov 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED -NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS last birthdoy) Months Days Hours DIVORCED | WIDOWED [ YES. Male Black July 10a USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Laborer Missouri 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Della Bradshaw Jerry Goodwin IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 107 E 10 PAGE 17 F Address Wife, Constance 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES THO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Dov. Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour o. m. While Not while ot work ot work 21. I certify that I attended the deceased fram Nov. 11. , 19.59 ta Nov. 15. 1959, that I last saw the deceased , and that death accurred at 3 30A.M. from the causes and an the date stated above alive on Nov . 1 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, Iown, or county). 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Burnes

24g, REC'D BY REGISTRAR

DATE NOV 2 n 159

24b. REGISTRAR'S SIGNATURE

Cirthun & Thans

ADDRESS

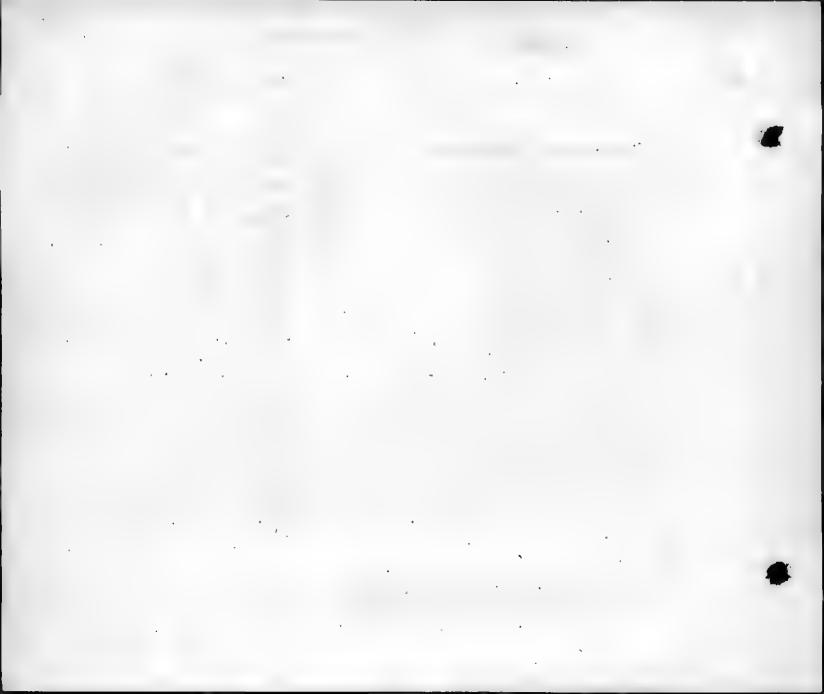
₽ 2 gud ofter physician 22 O) edse attendin Bued shoul FUNERAL 9

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**FUNERAL DIRECTOR'S SIGNATURE** 

07

VS A15 (4) 1SM 9/58



TO FUNERA

VS A15 (4) 15M 9/58

TO HOSPITAL OR ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page A

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12934

### **CERTIFICATE OF DEATH**

Dist		1	KI	×	1	Z
Diet	No					

1. PLACE OF DEATH	RINCE GEORGE	C MARYLAND	2. USUAL RESIDENCE (V a. STATE 3 19 07 TAG		COUNTY	HES. 11	
b. CITY OR TOWN	(If outside corporate limits, write	c LENGTH OF STAY IN 16	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	outside corporate tim	12-41		
RURAL and give			×				
	PIR FOROF BASE   PITAL (If not in haspital, give street a	eldrass)	d. STREET ADDRESS			a 15	RESIDENCE
OR INSTITUTION	N		1 6 1	0			N A FARM?
USAF HO	OSPITAL, ANDre	in 2	HNAVEWS	AIR FORCE	Base,	IV C3. YES	NO NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year
(Type or print)	ANNA	E.	GREEN	DEATH	NOVEMBE	2r 23	1959
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IF UN	IDER TYEAR IF U	NDER 24 HR
Female	CAU WIDOWED		28 JUNE	1872 87	birthday) Mon yrs.	ths Days Ha	urs Min.
10a USUAL OCCUPA	TION (Give kind of wark done 10b. K arking life, even if retired)	CIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stat	te or fareign cauntry)	12	CITIZEN OF WHA	AT COUNTRY
HOUSEU		· <u></u>	MASCOL	TAH. II	INDIC	115 A	
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	7,1010		
Joseph	1 10101		EMMA L	INN			
	VER IN U. S. ARMED FORCES? 16 S	OCIAL CECURITY NO. T	INFORMANT .	1 . 4 . 4	Address		
(Yes, no or unknown)	(If yes, give wor or dates of service)	INK	NEZ N. ROU	SOM (D) FOR	319"O	WASH 21	ST. D.C.
18. CAUSE OF D	EATH [Enter only one couse per line	e for (a), (b), and (c).]				INTERVA	L BETWEEN
	EATH WAS CAUSED BY:	000	- LOD	-00 0	0	ONSET	ND DEATH
	1 0 -07	umary law	MEL C SW	wiex ex	usion		AUC C
4.24	DUE TO	nd o	100	_ 110	A . A	- 10	10
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gave rise to cause (a), statin		0 0 0	4. 00				1
lying cause las		revalised our	lenosclerosi	la ·	/	30	040-6
PART II. C	THER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE CON	TION G VEN IN	PART 1(a) 19 W	AT AUTOPS
PART II. C	Dialeter	back Ditien					PORMED?
	WAS UNDERLYING   20b. DESC	RIBE HOW INJURY OCCURRE	D (Enter nature of injury in	n Port I ar Part II of it	em 16 )		
OR CONTRIBUTION	NG CAUSE OF DEATH	THE THE PERSON OF THE PERSON O	in famo, natora at sulark to		,		
20c. TIME OF INJ		f	ACE OF INJURY (Hame, fa		n)	(County)	(State
Hour a, m	10	_ HOLMUIG _	ctory, street, office bldg., e	(IC.)			
		20.23	10	1/1-7.7	ED .		
	that I attended the decease	- 6	, 19 <b>.5</b> 7_, to			I last sow the	
olive on	1500 , 195	Yond that death	occurred at 1944	M, from the co	ouses and an	the date sta	ted obov
	M	-/ -/		ADDRESS (Street, ci			DATE SIGNI
ACTUAL SIGNATURE	HANKY	week	USAF HOS	PITAL ANDR	EWS	23/	11059
7							ME : - 14 - 4
PHYSICIAN'S MAME (Type)	URRAY SHEVICK, CAF	T, USAF, MC	USAF HOSPI	TAL ANDREW	S, ANDREV	VS AFB, MA	RYLAN
	ION, 22b. DATE THEREOF	23 CHAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (C	ity, town, or cou	nly) (	(State)
REMOVAL (Speci		CNORE SSICI	UALLE, METERY	1 WASH	NGTON	DC.	
3 FUNERAL DIRECTO		ADDRESS	24a RF	C'D BY REGISTRAR	24b. REGISTRAR	S SIGNATURE	
Kingoli .	Leveled House &th	HSt NE Y	JEHODT DATE	OV 2 5 '59	Cuttur.	S. Kraus	
Juneau !	Marcan I il man nin	// 01, 10 10	MONTE - DAIL				



V\$ A15 (4) 15M 9/58

the registrar prior ta burial, cremation, or remayal, and in any event within 74

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23. FUMERAL DIRECTOR'S SIGNATURE

offer death.

# te funeral director

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12873

CERTIFICATE OF DEATH

ADDRESS

	Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  Prince corges  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If ins o. STATE  b. COU  Maryland  Prince	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Cheverly 1 Day X Wash., 23	
d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
Prince Georges General 5h Swann Rd., S. E.	YES NO
3. NAME OF First Middle last 4. DATE	Month Day Year
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5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 18 DATE OF BIRTH 9 AGE (In y	ears IF UNDER 1 YEAR IF UNDER 24 HRS
tost pitting	oy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Laundry and Dry Oleaning Maryland	USA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Michael Gromen Lena Irre	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT	Address
Yes Will yes, give wor or doles of service) 212-20-0850 Michael Gromen Switt	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (ct )	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY. Male The Male The Company of the Comp	ONSET AND DEATH
190.9 DUE TO	Signs
Conditions, if ony, which )	
gove rise to immediate (b)	
Couse (a), stating the <u>under-</u> Lying couse lost.	
	CIVEN IN PART ION 19 WAS AUTOPSY
FUTURE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  WHITE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  WHITE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  WHITE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  TO THE PROPERTY OF TH	PERFORMED? YES A NO F
OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	-9
20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED Hour a. m. While Not while of work of work of work to the state of the state o	(County) (State)
While Not while of work of work	
21. I certify that I attended the deceased from from 1955, to Nov-19, 18	Sthat I last saw the deceased
alive an 2001/9, 1959, and that death accurred of 5 FM, from the causes	
ADDRESS (Street, city or t	
SIGNATURE SMALLE MICHELL M.D. 1746 ASX 714	1 sardong
PHYSICIAN'S NAME (Type) Dr. Denald W. Mitchell	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, to	own, or county) (State)
REMOVAL (Specify)	Pr. Geo. Md.

24a. REC'D BY REGISTRAR

24b, REGISTRAR'S SIGNATURE

arthur S. Huma



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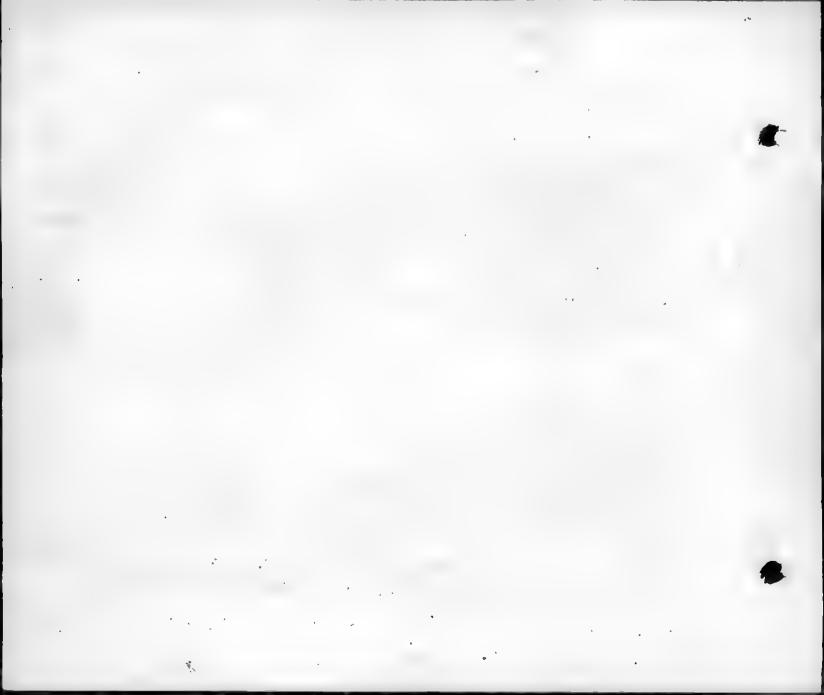
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CEPTIFICATE OF DEATH

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`		エルジシン	}	CERTII		TIL OI	PLAI	• •		Reg. D	ist. No.			
	1. PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE 11ARYLAND b. COUNTYANNE ARUNDEL							
	b CITY OR TOWN (II RURAL and give ne CAL.	b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lows) CANP SPRINGS  3 HRS 20 MINS						autside carpoi	rote fimits, write R	URAL and	give ned	wot tear	a)	
a la	d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION  USAF HOSPITAL ANDREWS					T ADDRESS CRANDE	LL ROAI	)				FARM?		
	3. NAME OF DECEASED (Type or print)	MANU.		Middle J			last PPER	4. DATE OF DEATH	NOVEME		Do 1		Year 19 59	
	5 SEX NALE	6. COLOR OR RACE	7 MARR	ED DIVORCED		B. DATE OF B			9. AGE (In years lost birthday) 63 yrs.	IF UNDE Months		Hours	ER 24 HRS. Min	
	100. USUAL OCCUPATION during most of work GUARD	ing life, even if retired	3	KIND OF BUSINESS OR		1	·	w JERSI		12, CI	US		OUNTRY?	
	13. FATHER'S NAME UNKN		14. MOTHER'S MAIDEN NAME UNKNOWN											
	15 WAS DECEASED EVER	10 U. S. ARMED FOR	acvica)	SOCIAL SECURITY NO .7-28-8573		IFORMANT UGHTER	DEB	ORAH_E	CLE FITS	-	I7 5 AFII		AVENU EIGHT	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	I.A	ne for (o), (b), ond (c).] ( CARDIAL IN	FAR	CTION	**				ONS	ERVAL BE	TWEEN	
	Conditions, if or gave rise to it couse (a), storing lying couse last.	he <u>vnder-</u> DUE TO	AF	TERIOSCLERO	TIC	HEART	DISEA	ASE						
2	_	) (c ER SIGNIFICANT CON	<u> </u>	CONTRIBUTING TO DEAT	<u>⊬</u> BUT	NOT RELATED	TO THE TERM	MINAL D SEASI	E CONDITION GIV	'EN IN PA	RT 1(a) 1	PERFO	AUTOPSY ORMED?	
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OC	CJRRED	). (Enter natur	e of in'ury in	n Pari I or Pori	t II of dem 18.)					
	Y 20c TIME OF INJURY O. m.	Y Manth, Doy, Ye	20d. It While at war	Nat while		CE OF INJUR tary, street, a			or tawn)		(County)		(State)	
	21. I certify the alive on 1 N			ed from <u>1 NOVE</u> 59 , and that c				DAM, fram		d an th		e stated		
ı	ACTUAL SIGNATURE	guld Pl	14.11	Manuer_	4	w.d US	AF HO	•	ANDREWS		1	NOA	59	
1	PHYSICIAN'S REC			S CAPT USAF	MC	USAF H	OSPITA	AL ANDR	EWS, AND	REWS	AFB,	, ND		
	BUNGAL (Specify)	11-5-5	9	Using	Les Con	2 CREMATORY	1	ark	malo	مارد	un	(Stol	ie)	
	23. FUNERAL DIRECTOR	SIGNATURE	20	ADDRESS		for 11	24a. REC	C'D BY REGIST	RAR 24b. REGI	STRAR'S S		RE		

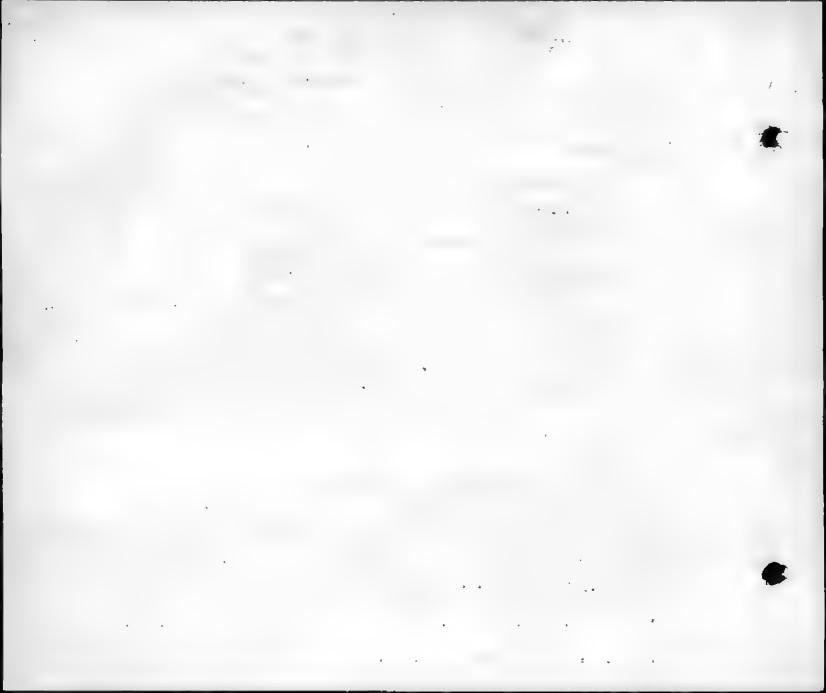
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page remayar corbon priar ta burial, cremation, ar remaval, and in any event within 72 hours after by the haspital ar attending physician.
TDEI After this mertificate has Meen signed by the attending detached far use as the burial-transit permit. Then please re TO HOSPITAL OR TO FUNERAL
page 3 shoul VS A15 (4) 15M 9/58



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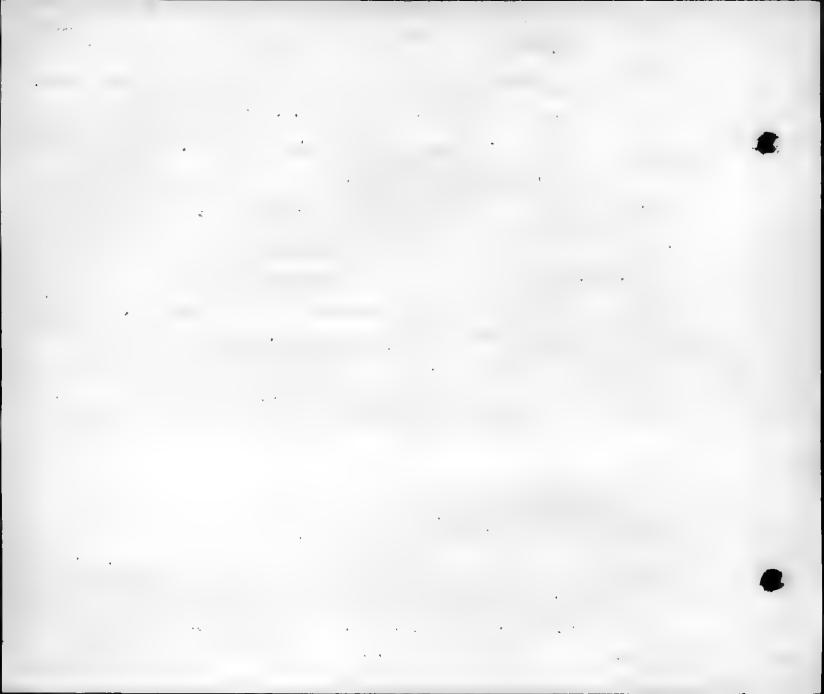
ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18	
2883	CERTIFICATE	OF	DEATH	Reg.	Dist. No.

	Prince George			MARY	LAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE b. COUNTY Maryland Prince George							
	Ŀ		outside corporate limit	ls, write	c LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF a				give nea	rest town	}
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			L (If nat in haspital, g	ive street			d. STREET ADDRESS					e. IS RES	DENCE FARM?
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	3. 1	NAME OF	Fire		Middle		Lost	th	Day Year				
		DECEASED (Type or print)	Els	zi.e	C					Nev 19 195			159
	5. 5	SEX	6 COLOR OR RACE	7 MARE	RIED NEVER MARRIE	D 🔲	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDI Months			
		Female	White	WIDOWI	ED DIVORCE		July 1h 19	000	59 yrs.	Months	Days	Hours	Min
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)	Re	gistered	Nurse	i i	lospital		Md				US	A.	
		FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
		John	Keller				Anna Koch	nis					
	15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	I	NFORMANT		Add	ress			
	L r drs	(I	f yes, give war or dates of s	BUVICE)		Mr	s H J Isabel	1	Univers	sity	Parl	c. M	d
:		18 CAUSE OF DEAT		use per li	ne for (a), (b), and (c).]							RVAL BE	
		PART I, DEAT	H WAS CAUSED BY:	1	Earthia	e	arrest				3	uni	
		4000	DUE TO										
		Conditions, if an	y, which ) (b	. (	2+ there + 6	e Ce	ooks hear	1 66	Siase		/	4	
		gave rise to im	mediate (	}								-/	
		couse (o), stating t	he <u>under-</u> (c										
	Z				CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEASI	E CONDITION GIV	EN IN PA	ART 1(a) 1	9 WAS	AUTOPSY
	ATIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  (a of Infine Porcas & Live time for fam.)  YES   NO											
	TFIC						D. (Enter nature of injury in	Port I or Port	t II of item 18.)				
		200 ACC, DENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH										
	MEDICAL		Manth, Day, Yea	or 20d. !	NJURY OCCURRED		ACE OF INJURY (Home, form		or town)		(County)		(State)
	MEDI	Hour o.m.	19	While at wor		TO	ctory, street, affice bldg, etc	(-)					
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		PHYSICIAN'S DY	.Til Berg	man, l	M-D-		Hyath	orth	Men	Can	12		
	220	BURIAL, CREMATION	1, 22b DATE THEREC		22c NAME OF CEME	TERY O	R CREMATORY		FION (City, town,			(Sto)	0)
	Bu	REMOVAL (Specify)	11/23/5	9	St Peter	& P	aul Cemetery	Cum	berland,	Md.	•		
	23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			D BY REGIST					
i		F. Gasc	h's Sons	Hva	ttsville.	Md.	DATE	NOV 23	'59 C	lithus	8. th	aRA	

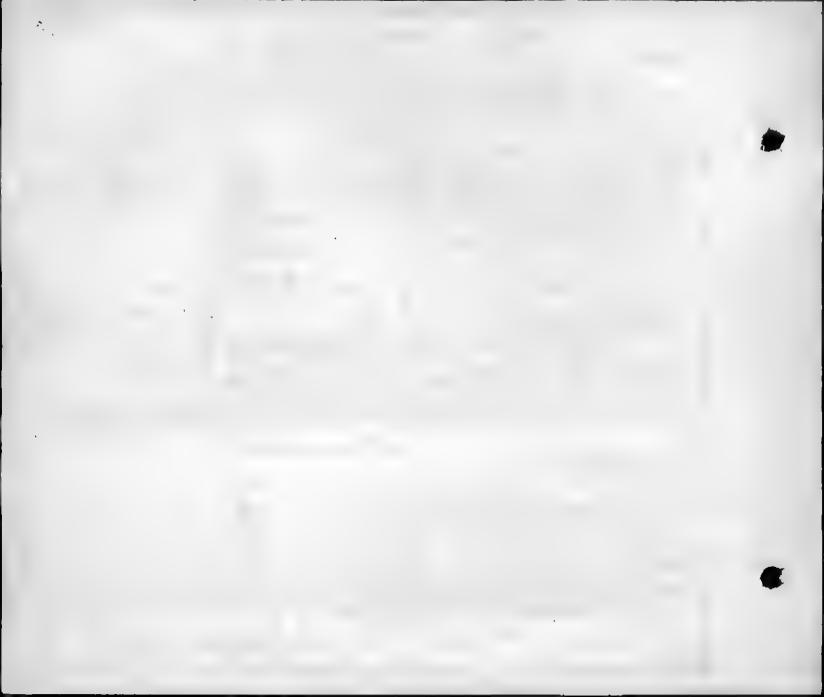


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ATE OF	DEATH	<u> </u>			Reg. D			
2. USUAL RES	SIDENCE (Wh	ere deceose	d live	d. If institution	on: Reside	nce befo	re odmis	sion)
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c CITY OF	TOWN (If o		rote l	imils, write RI				
16	Mt. Ra	inier						
,d STREET	ADDRESS							SIDENCE FARM?
/	4213 E	aster	n_A	ve.				NO 🔼
ı	ost	4. DATE OF		Mon	th	Do	у	Yeor
Harbe	DEATH		Nov		17		1959	
B. DATE OF BIR	TH		9. A	GE (In years	-	R I YEAR	IF UND	ER 24 HRS
4 July	1.860		10	st birthdoy} O yrs.	Months	Days	Hours	Min.
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14 MOTHER	'S MAIDEN N	AME						
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INFORMANT	- UI ALL	الماما با		Addr	ess		86.4	D. 1
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UT NOT RELATED	TO THE TERMI	NAL DISEAS	E CO	NDITION G.V	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
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RED. (Enter nature	of aniury in P	ort Lot Por	t II of	item 18.)				,
	(,,							
PLACE OF INJURY foctory, street, offi	(Home, form,	20f. (City	or to	own)		(County)		(Stote)
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	ice bldg , etc.							
124, 195	ice bldg , etc.		7		that I i	ast sav	v the o	deceased
195 th accurred a	9, to 1	Ø >> ∠ M, from	the	causes an	d on th		state	d above.
th accurred a	9, to 1	M, from	the	causes an	d on th	e date	state:	d above. TE SI <b>GNE</b> D



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



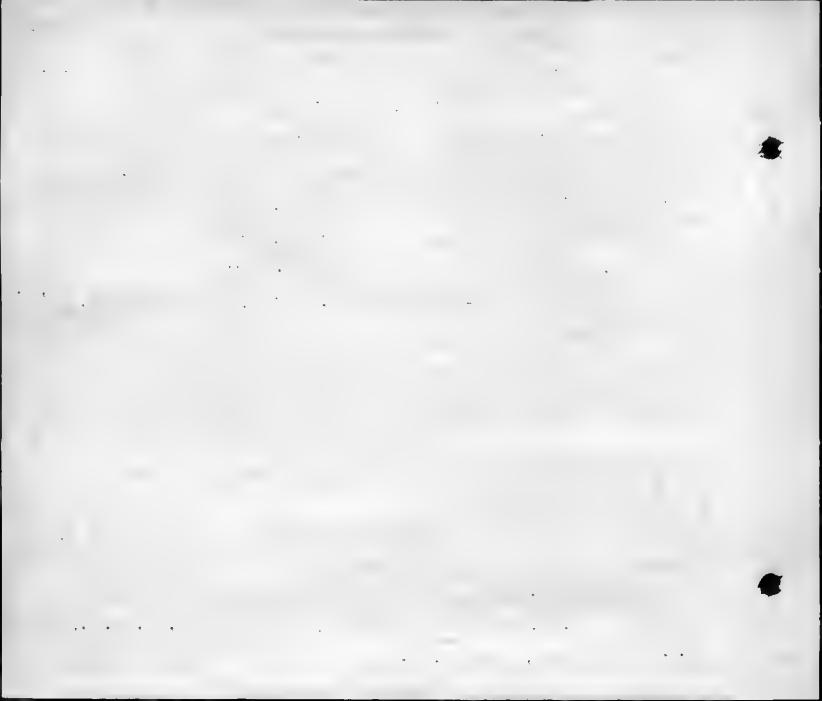
VS A15 (4) 15M 9/SS

MA	RYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 12878

	o. COUNTY Prince	Georges	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived If institution b. COUNTY	Prince Georges					
	b. CITY OR TOWN (If ou RURAL and give negre Riverdale	st town)	c. LENGTH OF STAY IN 16  5 minutes		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  14. College Park						
	d name of Hospital or Institution Eugene Leland			d STREET ADDRESS	outh Avenue	IS RESIDENCE ON A FARM? YES NO X					
	NAME OF DECEASED (Type or print)	FLOR ENCE	ANNISE HAP	RRISON	4. DATE Mon OF DEATH NOVEMBER						
	Female 6.	TRT1- 2 A	MARRIED M NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH October 19th	9. AGE (In years last birthday) 70 yrs.	Months Days Hours Min					
	Housewife	life, even if refired)	106 KIND OF BUSINESS OR INDU		or foreign country) Vermont	12. CITIZEN OF WHAT COUNTRY? USA					
Y	3. FATHER'S NAME			14 MOTHER'S MAIDEN							
1	George M.	Norton		Jennie L.							
	(Yes, no or unknown) (III ye	I U. S. ARMED FORCES? IS, give war or dates of service NO	1	informant James W. Harri	ison, 6903 Dart	OUTTOKS LYLK" BOY					
	PART I. DEATH IM Canditions, If ony, gave rise to imm- cause (a), stating the lying cause last	WAS CAUSED BY: MEDIATE CAUSE (a) DUE TO which (b) odiata under: (c) (c)	Per line for (a), (b), and (c).) MYOCHRDII CORDNAM  TYpelle	4L INFA 27 Sich	ARCTION LEROSIS Yeart Dest	interval BETWEEN ONSET AND DEATH  Syrs  Coyrs					
١	200. ACCIDENT WAS U	INDERLYING (TL. 20b.	DESCRIBE HOW INJURY OCCURRE			YEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 1					
		CAUSE OF DEATH									
	20c. TIME OF INJURY Hour e. m. p. m.	V V	20d. INJURY OCCURRED 20e. Pl White Not white of work at work	ACE OF INJURY (Home, for ictory, street, office bldg., at	n. 20f. (City or town)	(Caunty) (State)					
	21. I certify that	I attended the de				Ithat I last saw the deceased					
t I	actual signature Physician's NAME (Type)	rylemen rjanin S. M	1. mile	k /	OM, fram the causes of ADDRESS (Street, city or town 3 4 4 7 )	and on the date stated above, stole)  DATE SIGNED  TRaining 11-1-59					
		22b. DATE THEREOF Nov. 5th, 19	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, o	or county) (Stote) Pr. Geo. Co., Maryland					
	3 FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS Riverdale, Md.		D BY REGISTRAR 246. REGI	STRAR'S SIGNATURE Chilling S. Krima					

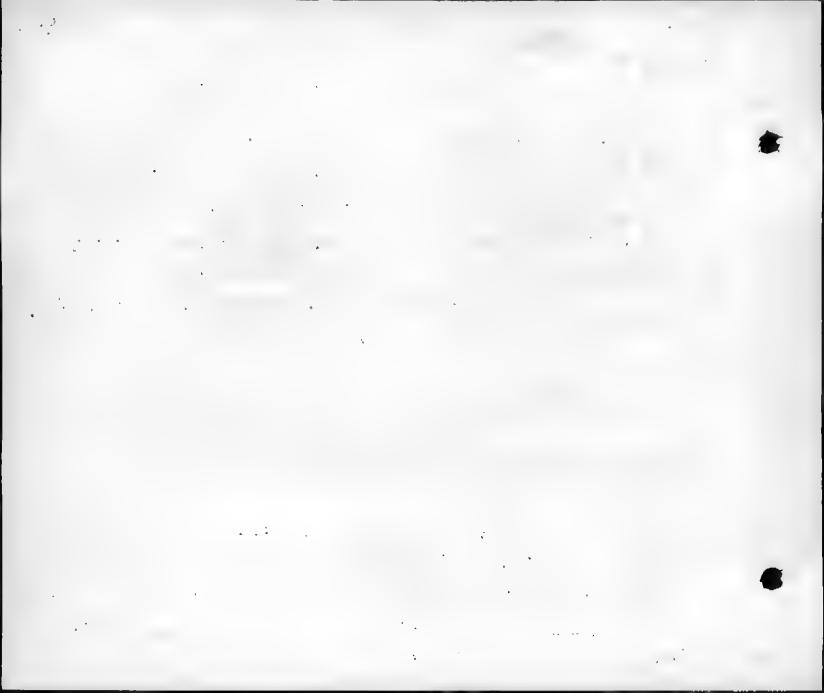


		12886	CERTIFIC	ATE OF DEATE	1	Reg. Dist. No.
4	1, I	PLACE OF DEATH PITME George	MARYLAND	2. USUAL RESIDENCE (Who a STATE  Marval nd	ere deceased lived. If inst b COUR Prince G	
	I	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		uts de corporate limits, wri	te RURAL and give nearest town)
	,	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Prince George General H	ospital	d. STREET ADDRESS	ve.	US RESIDENCE ON A FARM? YES NO
	1	NAME OF DECEASED Paul First (Type or print)	L Middle	Hathaway		Morth 2 Page 19
		Tale White WIDOWE		Jan, 9, 1905		ors IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
		JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Manager of Bakery Si	KIND OF BUSINESS OR INDU	Benningt	on Kansas	12.CITIZEN OF WHAT COUNTRY? U.S.A.
1		FATHER'S NAME		14. MOTHER'S MAIDEN N		
/	15.	, no or unknown) ; (If yes, give wor or dates of service)		Zura Agn	nes Startzm	Address Nolan Lane
		No	511-07-9915	Paul L. Hat	haway Jr.	hula-Vista Col-
	NO	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  UE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS C	A Cu To U	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	G.VEN IN PART 1(a) 19 WAS AJTOPSY
3	FICAT	200 ACCIDENT WAS UNDERLYING FT. 120% DESC	TRIBE HOW INDIRES OCCUPR	ED (Enter noture of injury in F	Port I or Port II of Item 18	PERFORMED?
	L CERT	20g. ACCIDENT WAS UNDERLYING [] 20b DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INDE HOW INJUST OCCUR	ED (EINER HOIGHE OF HEINTY III F	Off Top Fort II of Resil To	ı
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. It Hour o. m. 19 While at world	Nat while fe	LACE OF INJURY (Home, form, schory, street, office bldg., etc.	20f (City or town)	(County) (Stole)
		21. I certify that I attended the decease		19.52, to 2		9, that I last saw the deceased
		alive an Lie Lie, 19	27, and that deat		MAFform the causes ADDRESS (Street), city or to	and an the date stated above
,		ACTUAL SIGNATURE OCA	47-Centuc.	-W.D	3100	, a fre fre
		PHYSICIAN'S Dr. Fleischer			13-60	10 / 1/2,1.
		BURIAL CREMATION, 22b. DATE THEREOF	Fort Linco	or crematory	22d. LOCATION (City, tov	wn, or county) (State) Md.
		FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246.	ESISIONE'S SIGNATURE
		aller tureral Home	- mt. Kay	WIDI WAS DATE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retricted by the haspital ar attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/SB

he funeral director, shauld be filed with



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	12880
FOR CTATE		100 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	_ NO - 0
FOR STATE REALTH DEPT.		Reg. Di	ist. No.
9 d =		PLACE OF DEATH  O. COUNTY:  MARYLAND  2. USUAL RESIDENCE (Where, deceased lived If institution, Reside of STATE VI and Maryland b. COUNTY)	ance before admission)
Fig.	-	b. CITY OR TOWN (1 outside corporate limits, write RURAL and	give negrett lawn)
\$ 8 E		and give necrety foun)	•
	/	d. NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address)  d. STREET ADDRESS	e IS RES DENTE
0 4		7736. gaveron 17736. garson	AFZ NO
refoi refoi deoi	3.	NAME OF DECEASED (Type or print)  Service (1)  A. DATE Month OF OF Month 1/-	Day Yeor
of the state of th	5.	SEX . 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 2 6. DATE OF BIRTH 9. AGE (In years I IF UNDER	19/ TYEAR IF UNDER 24 HRS
may may	J	Ternale White WIDOWED   DIVORCED   7-7-59   lost berinday)	Days Hours Min
Z2 th	10	during most of working life, even if refired)	ZEN OF WHAT COUNTRY
三十二章	12	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
PAG 25 Mge	13	3. FATTER'S NAME	
orm ile p	15	S. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  Address	
E . F	174	on no. or unknown) / A [If you, give war or deter of service]	``)
1.3° 4 .E. E		18. CAUSE OF DEATH [Enler only one cause per line ton(o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
# 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) TREMEMBERS  THE MEMBERS OF THE M	
fice fice rons ovol		49/X BUE TO	
rio Constant	1	Canditions, if any, which gave rise to immediate cause	
a bu		(e), stating the underlying DUE TO cause lost.	
ring as asian	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T TO THE WAS AUTOPSY
pend seed resed	Ž		YES ZI- NO
Medic Hd be priof, c	CERTIF		
g the Chief	WEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Country)	inty) (Stote)
Prior		21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquir	y A, and in my
ent,		apinion death resulted fram. Natural causes X, Accident , Suicide , Homicide , Undelermined n	
G ag		ACTUAL Dayley To TOTAL TO THE MEDICAL FRANCES TO	DATE SIGNED
nare name		SIGNATURE M.D. CHIEF MEDICAL EXAMINER	DATE STOTES
the d b d b d b d b d b d b d b d b d b d		EXAMINER'S NAME (Type) 2) C 4 /V T MAL CALE M.D. DEPUTY MEDICAL EXAMINER ( 1/ ) - 5	(4)
cute hauf hauf its d		to, BURIAL CREMATION, 12% DAYE THEREOF 12% NAME OF CEMETERY OR CANADASTON (City save or county)	(State)
0 6		Burial Nov 10, 1959 Arlington National Arlington Virg	ginia
— i. A15ME	23.	I. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE
M 2/57		F. Gasch's Sons Hyattsville Maryland. DATE NOV 1 0'59	8 House
	- 4	2077192XV2	



The Huntt Funeral Home, Jaldorf, Md.

- 64			12887	·	CEKTIF	ICAII	OF DEAT	ın		Reg. Dis	t. No.			
	PL/	ACE OF DEATH COUNTY			MARYL		USUAL RESIDENCE (*) STATE Mary Land	Where deceased	lived. If instituted b. COUNTY	n: Residenc	_	admission)		
_	b.	Prince City OK TOWN IN	POTPES Il autine carporate limi earest tawn)	ts, write	c LENGTH OF STAY IN		c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)							
	d.	heverly	AL (If not in haspital, g	ive street o	address) 12 day	-   "	d. STREET ADDRESS			78x-		IS RESIDENCE		
			orge Genera	1		E	tt.1 Box 5	9				YES NO		
	DE	AME OF CEASED (pe or print)	Mildre	d	Middle		lost [awkins	4. DATE OF DEATH	Mov •		Day	Yeor 7 19 5		
	5 SE	em <b>al</b> e	6. COLOR OR RACE Negro	7. MARR	ED NEVER MARRIED		ATE OF BIRTH		la birthday)		Days	Haurs Min.		
	10a. t	USUAL OCCUPATION  during most of world  HOUS @WILL	king life, even if retired		KIND OF BUSINESS OR				_But		S.A.	WHAT COUNTR		
	13 FA	ATHER'S NAME			21/21 21/01/10	14	. MOTHER'S MAIDEN			0.4	N & I L	<u> </u>		
			nk Harper	_				+ !'ille:						
	15 W	o, or unknown)	R IN U. S ARMED FOR (If yes, give wor or dotes of s		SOCIAL SECURITY NO.		mant iett [Här]	per Mal:	Addr forf, / :		1			
		PART I. DEA  452×  Conditions, if a gave rise to incouse (a), stating lying cause last.	TH WAS CAUSED BY. IMMEDIATE CAUSE (of DUE TO ny, which mmediate the under- (c)	, su A	NEURYSM	C	hemon n Incle	of		EN IN PART	12	T AND DEATH ANYS  WAS AUTOPS PERFORMED?		
2	[ <u>≅</u> [c	OR CONTRIBUTING	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRISE HOW INJURY OC	CURRED. (E	nter nature of injury	in Part 1 ar Part	li of item 18}			YES A NO		
	MEDICAL	Oc. TIME OF INJUR Have a. m. p. m.	Y Manth, Day, Ye	20d. IN While at wark	Nat while at wark	factory.	OF INJURY (Hame, fo street, affice bldg.,	etc }	,	,	aunty)	(Sta		
	o A		nat I attended the DV. 17	decease 12 N br		death ac	, 19.59, to curred at 8:1	20A, Nom t		d an the				
1	P		··Comeau (No	rman	)	M.D.	An	TRa	inin	md				
	22a. E	BUR AL, CREMATIO REMOVAL (Specify) Burn al	226 DATE THERECO	)F	22c. NAME OF CEMET	ERY OR CR	EMATORY		ON (City, lown, c	,,		(State)		
	23. FL	INERAL DIRECTOR	'S SIGNATURE		ADDRESS		24g, RE		AR 24b. REGIS		NATURE			

DATE NOV 2 3 159

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hairs after death. Page attending physician id by the hospital or ottending physician.

\*ECTOR: After this certificate has been signed by be detached for use as the burial-transit permit. page 3 state the registrar TO MOSPITAL TO FUNER VS A15 (4) 15M 9/58

the funeral director, 2 should be filled with

an and campletely filled arban papers Poges 1



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

12888

Reg. Dist. No.

	D. PLACE OF DEATH  D. COUNTY  MARYLAND	USUAL RESIDENCE (Where deceased lived If institution; Residence before admission)     STATE					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Ì	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE					
1	1 12 1 1/21 , DI ME 1. 191	ON A FARM? YES NO					
ı	3. NAME OF / First Middle /	, Last 4. DATE Month Day Year					
	The state of the s	actional DEATH // /8 19					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF SIRTH 9 AGE (In years   IF UNDER 1 YEAR 1F UNDER 24 HRS.   Months   Days   House   Min					
Ì	WIDOWED DIVORCED	(ost birthdoy) Months Doys Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Λĺ		A					
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
-							
	S. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (It yes, give wor or detec of service)	FORMANT Lending 2 Entire 12 Entire					
Ī	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN					
	PART 1. DEATH WAS CAUSED BY:	enery Occhusion Oser AND DEATH					
-	420,1 DUE TO						
-	Conditions, if ony, which ) (b) Cold West	il votes (letter)					
-	gave rise to immediate (						
	couse (a), storing the under-						
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY					
-	Dishites	PERFORMED? YES NO K					
	7	). (Enter nature of injury in Part I or Part II of item 18.)					
- [		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED Hour o. p 19 While Not while foci work of work	CE OF INJURY (Home, tarm, 20f. (City or town) (County) (State) lory, street, office bldg., etc.)					
- 1	21. I certify that I attended the deceased from. // - 8	19 59, to 1 - 10 19 5/that I last saw the deceased					
-1	alive on 1/ 1/2 1857, and that death	occurred at 1/22 M, from the causes and on the date stated above.					
1		ADDRESS (Street, city or town, state) / DATE SIGNED					
1	SIGNATURE CHELL & Weihinger	10. 74-04 due on suy hor 11-19-5					
	PHYSICIAN'S RELIZED FULKINSON	therelog, his					
Ì	170. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)					
ŀ	remation Nov 21, 1959 Fort Lincol	n Crematory Colmar Manor, Md.					
	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE					
	F. Gasch's Sons Hyattsville Maryla	DATE NOV 2 3 '59 Onthun 8. Known					
E							



12889	CERT
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CERTIFICATE OF DEATH

12883 Reg. Dist. No.

	1. PLACE OF DEATH 0. COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE b. COUNTY							
	Prince George	Maryland Prince George							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If autside carporate timits, write RURAL and give nearest town)							
	Cheverly 1 Hr. 10Min	14 College Park							
7	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e IS RESIDENCE ON A FARM?							
	Prince George General Hospital	1708 Indian Lane							
	3 NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year							
	(Type or print) Elaine F. Hickey	DEATH November 6 189							
-	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED X	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS							
	Female White WIDOWED DIVORCED	lost birthday) Months Doys Haurs Min.							
	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
-	during most of working life, even if retired) Student	United States							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Edward D. Hickey	Evelyn T. Kosky							
	15. WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	NFORMANT D. Hickey Address							
	(1'es, no, or anknown) (If yes, give wor or dates of service) None	Edward (Father) Address same as # 2							
	18. CAUSE OF DEATH [Enter only time cause per line for (a), (b), and (c).]	INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY:	Lell July Clarkan Onset AND DEATH							
	33/X DUE TO								
	Condition it are which I with a fundamental of a pro-								
	gave rise to immediate								
	Luis rouse last	2-liceno.							
	(6)	NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY							
2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20g ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING	PERFOMED? YES NO □							
	200 ACCIDENT WAS UNDERLYING   206 DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port I ar Part II of item 1B)							
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
		ACE OF INJURY (Home, form, 20f (City or town) (Caunty) (State)							
	Hour o. m.  19 White Not while to at work at work	ctory, street, office bldg., etc.)							
	111-1	1957, to 1/-6 1957 that I last saw the deceased							
	21. I certify that I attended the deceased fram	accurred at 9:30P.M, from the causes and an the date stated above.							
	dive on moy caucity of the state of the stat	ADDRESS (Street, city or lown, state)  ADDRESS (Street, city or lown, state)							
	ACTUAL // Keene	4713 - Brunn Not							
	SIGNATURE.	M.D							
1	PHYSICIAN'S NAME (Type) Dr. Etianne	College fork Ad 11-6-51							
		OR CREMATORY / 22d LOCATION (City, lawn, or county) (State)							
	Bur AL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY O Gate Of Heave	an Come A service 1985							
	23. FUNERAL DIRECTOR'S SIGNATURE  F. Gasch's Sons Hyattsville, Md.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							
	· · · · · · · · · · · · · · · · · · ·	I DATE TITLE WITTE SANGARA AT MALLA							

ihe funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 haurs after death Page 4 ad by the haspital ar attending physic an.
RECTOR: After this certificate has been signed by the attending physic on and campletely fitled be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 ( far use as the burial-trans.t permit. Then please remove carbon papers. Pages 1 cremation, ar removal, and in any event within 72 haurs after death. TO FUNERA page 3 sh. VS A15 (4) 15M 9/5B

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directar

funeral

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phoods

filled aes 1

COTT

puo

physician

attending ense

signed

burial-transit

physician.

RECTOR:

FUNER

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VS A15 (4)

1SM 9/SB

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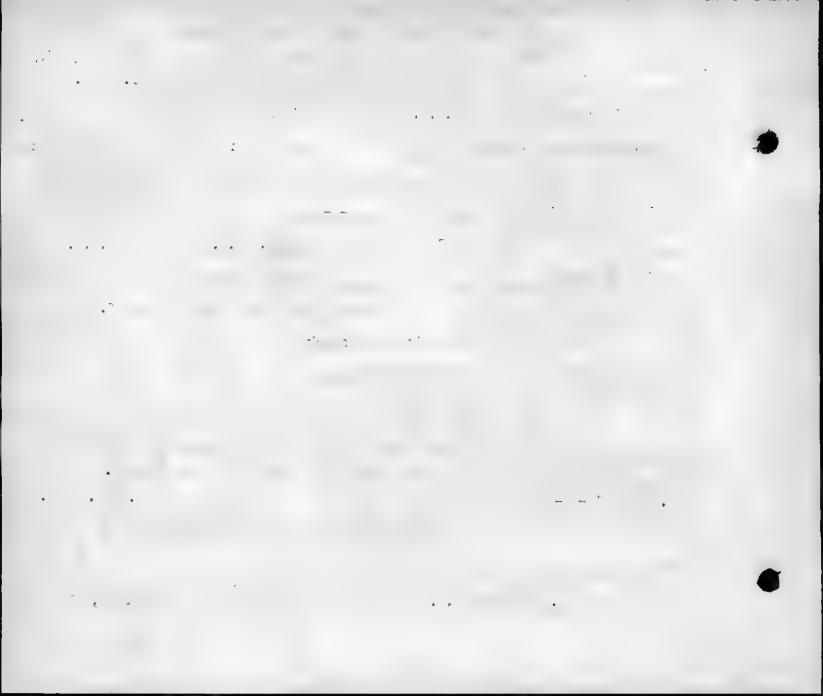
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1			Y	
please exe-	4 should be	, crematian,	が	)
delay is necessary,	ral director. Page or F	tron or to buried	7	1
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please exe-	The Chief Medical Examiner's Office Item 18. Give Page 5 may be retained for your File.	OR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrary for to buriol, crematian,	Ī	
e executed within 24 !	in Item 18. Give Pog with form PM3. Poge	transit permit. File po		V
: This certificate should b	ord "pending" in pasci Examiner's Office story	ould be used as a burial		7
SICAL EXAMINER	cate, writing the ward "pen the Chief Medical Examiner"	RECTOR: Page 3 sh	/	6
TO DEPUTY MEL	cute the serification of	TO FUNER OF COMPANY	,	F.
ve	AICA	4 E ( 4 )	V	

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1900	1				Reg.	Dist. No	1.		
	PLACE OF DEATH	-2000	2. USUAL RESIDENCE	(Where decea	sed lived. If institu	rtion: Resi	dence bei	ore admi	ission)		
	o. COUNTY	Prince Geo	rges	MARYLAND	o. STATE MA	ryland	b. COUNT	Y Pr.	Ge	90.	
		outside corporate limits, write		c. LENGTH OF STAY IN 16			parole limits, write	RURAL o			wn)
	and give nearest lown	e Fobres		D.O.A.	c. CITY OR TOWN (If autide corporale limits, write RURAL and give nearest town)  Riverdale						
-		rerdale	f not in hose	pital, give street oddress)	d. STREET ADDRES					le. IS R	ESIDENCE
		· ·	· ·							ON	A FARM?
3.	Le Land	Memorial H			<u>                                     </u>	Taylor					) NO 🔂
	DECEASED	Fin	4	Middle	Lost	4. DATE	Manii		Doy		ear
⊢	(Type or print)	Gregory	9		ran	DEATH	Novem		25		9 59
5.	EX	6. COLOR OR RACE		D NEVER MARRIED 1	DATE OF SIRTH		9. AGE  In years   last birthday]	Months	R TYEAR	Hours	ER 24 HRS.
	Male	white	WIDOWED		7-3-53		6 уп.	741,0011110	- Ouys	1,001	, with
10c	. USUAL OCCUPATIO furing most of working	N (Give kind of work of life, even if retired)	ione 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (SH	ale ar foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY
	Student		1 5	School	Washingt	on D	.C.		U.S	S.A.	
13	FATHER'S NAME				14. MOTHER'S MAIDE	N NAME					
	William Horan Helen Blackburn										
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17. II	NFORMANT		Address				
174	No. or unknown)	(If yet, give wor or dates of t	ervicej	н	elen Horan	: same	address	as d	4 2		
-		H [Enler only one cou	e per line f		02012 1104 041	- Doubo	COLUMN CO	<u> </u>	INTE	RYAL BETWE	EEN
	PART I. DEAT	H WAS CAUSED BY			nd shools				ONS	ET AND DE	ATH
	1182	IMMEDIATE CAUSE (o)		Hemorrhage a	nd Bhock						
	To Due to Transfer is any other to the total and the total										
	Conditions, if any, which by Fracture of skull gove rise to immediate couse										
	(o), stoting the u										
-	cause lost.	7 (c).	VITIONIC CO.	A TAIGUITING TO SELECT	In The Later To Take and				1		
CERTIFICATION	PART II, OTH	EK SIGNIFICAN I CONE	ATIONS CO	NTRIBUTING TO DEATH BUT N	OF RELATED TO THE TEL	KMINAL DISEAS	E CONDITION GIV	EN IN PA		PERFO	RMED?
Š										YES 🗌	NODE
RTIF	20a, EXTERNAL CAU PRIMARY EXOR CON CAUSE OF DEATH.	SE WAS ITRIBUTING [	DESCRIBE	HOW INJURY OCCURRED. (E	inter nature of injury in t	Port I ar Port II	of item 18.)				
	CAUSE OF DEATH.		Struc	k by automobil	e while wa	Lking h	ome from	scho	ol.		
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea		NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, for	orm, 20f, (City			ounty)		(Stote)
MED	3.00 g.m.	11-25-5919	While at wor	k ol while	ighway	Ri	verdale	Fr.	Geo	•	Md.
	21. I certify th	at I taak charge	of the re	emains described aba	ve, held an Auto	psy , I	nspection KX	Inqu	ryXIX.	, and	find that
	death resulted	from: Natural o	auses [	, Accident XX Sui	cide 🗍 Homici	-	ndetermined of				
	1	1		1	<b>_</b> ,			_			
	ACTUAL SIGNATURE	Mrs D. 9	Ma	l'anus -	M.D. CHIEF MEDICAL	EXAMINER [	1			DATE S	IGNED
	SIGNATURE /	7	-		m.u. Assistant med	ICAL EXAMINE	R (T)				
	EXAMINER'S NAME (Type)	John T. Ma	loney	M.D.	DEPUTY MEDICA		_	embei	25	. 10	959
220	BURIAL CREMATION	V. 22b. DATE THEREO		22c. NAME OF CEMETERY OR			TION (City, town,			(Stote	
1	REMOVAL (Specify)	O BURIA		A 44	AVEN EM	1	EATON,	MAG	2 1	A 1/7	)
23.	FUNERAL DIRECTOR		. /	ADDRESS		EC'D BY REGIST		STRAR'S S	IGNATU	RE	
	つり人	1000 ×	4 /1	- 2274-1	1 / 1	NOV 3 n 2		-Y1 40		_	



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Page 4	director,
e be executed within 24 haurs after death Page 4	ion and campletely filled in structor, some structor, some structor, some structor, structor, some structor, some structor, st
4 haurs	d in
within 2	ian and campletely filled in carbon papers. Pages 1 an
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e pe e	carban

MARYLAND	STATE DEPAR	TMENT OF	HEALTH-BALTIMORE	, 18
19938	CEPTIE	CATE OF	DEATH	

CEPTIFICATE OF DEATH

b. CITY OR TOWN (If outside corporate limits, write RURA RURAL and give nearest town)  Langley Park  2 years  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  3. NAME OF DECEASED (Type or print)  S. SEX  16. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 18. DATE OF BIRTH  19. AGE (In years life)  C. CITY OR TOWN (If outside corporate limits, write RURA LANGLEY PARK  4. ANGLEY PARK  4. DATE OF TOWN (If outside corporate limits, write RURA LANGLEY PARK  4. DATE OF TOWN (If outside corporate limits, write RURA LANGLEY PARK  5. SEX  16. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 18. DATE OF BIRTH  17. AGE (In years life)	Prince Georges  Lond give nearest town)  e IS RESIDENCE ON A FARM? YES NO S
Langley Park  d. NAME OF HOSPITAL (If not in hospitot, give street address) OR INSTITUTION  3. NAME OF DECEASED Type or print)  SARAH  AND SALIE  LANGLEY PARK  AND STREET ADDRESS  AND ST	e IS RESIDENCE ON A FARM? YES NO Day
OR INSTITUTION  3. NAME OF DECEASED (Type or print)  S. SEX  16. COLOR OR RACE   7. MARRIED   NEVER MARRIED   18. DATE OF SIRTH  17. AGE (In years   15. AGE (In years	ON A FARM? YES NO 3
3. NAME OF DECEASED (Type or print) SARAH ROSALIE HOWARD 4. DATE OF BIRTH 18. SEX 16. COLOR OR RACE 17. MARRIED TO NEVER MARRIED TO 18. DATE OF BIRTH 19. AGE (In years life)	A Comment
S. SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (in years IF)	8 1929
THE PERSON OF TH	UNDER 1 YEAR IF UNDER 24 ARS Onths Days Haurs Min
during most af working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?  U.S.A.
Clerk (retired) U. S. Gov't. Washington, D.C.	0.0.0.
DeWitt Teeple Mary Brown	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  Ves Www. #1  Address  None Mrs. Pearl Handiboe. 1300 Merim	nac Drive
Conditions, if ony, which gave rise to immediate couse (a), storing the under-lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN OF CONTRIBUTING CAUSE OF DEATH CONDITIONS CONTRIBUTING CONTRIBUTING CAUSE OF DEATH CONDITIONS CONTRIBUTIONS CONTRI	PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	(County) (State)
21. I certify that I attended the deceased from May, 19-7, to Movey 19-9, that alive on New 19-9, and that death occurred at 19-9 M, from the causes and a ADDRESS (Street, city or town, stote SIGNATURE DELINARY A FITZGERALD  PHYSICIAN'S BERNARD A. FITZGERALD	
220. BURIAL, CREMATION, 27b. DATE THEREOF PREMOVAL (Specify)  BURIAL 11/12/59  Arlington Nat'l Cemetery Arlington, Vii  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR	cginia Res SIGNATURE



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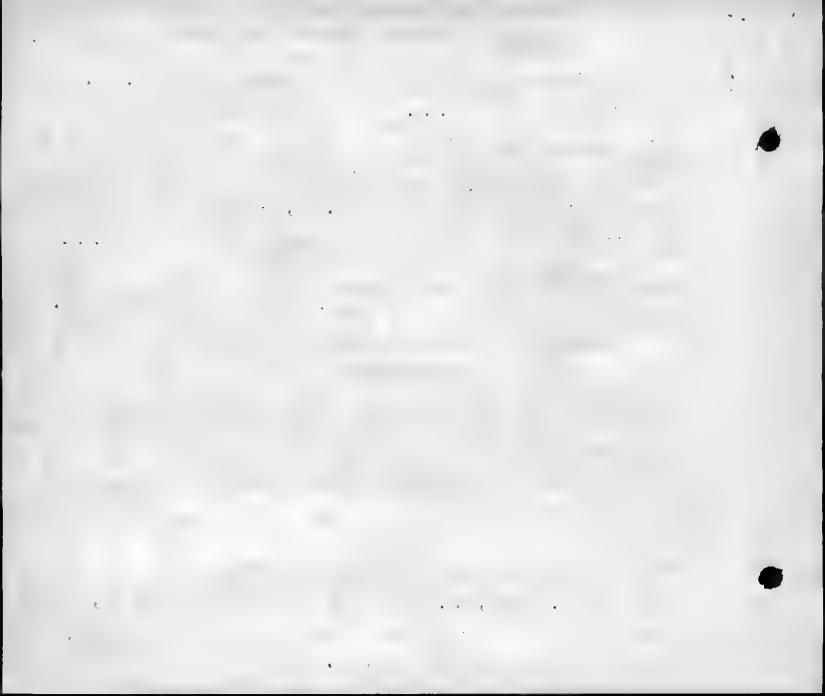
certificate should be

**EXAMINER: This** 

MEDICAL

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1			MARYLAND STATE DEPARTME	NT OF HEALTH—BALTIMORE, 18	
FOR CT	.75		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 12888	}
FOR STA			12893! tens 1,9 Film62	777	-
22 2			PLACE OF DEATH COUNTY PTINCE GEORGE S  MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)  0. STATE 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Pog Pog Tes.	17.		CITY OR TOWN I souts de corporate limits, write RERAL C LENGTH OF STAY IN 1b	o. STATE Manyland b. COUNPrince George	-
1 4 E	X	'	Cheverly	Chapel Oaks	
direction of the second	K1	(	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	/ d STREET ADDRESS . IS PET DEN	
× 20	<u>٠</u> .	]	Pr. Geo. Gen. Hosp.	1413 57th Place	
delay fune reto " Sta deot?			NAME OF First Middle DECFASED (Type or print) FLORINE JENKIN	Lost 4. DATE Month Day Year	
the the		5. 5		11010	9
d 3 to d 3 to may	e+ +	1 -	Some To Colombia	19 June 1912 1911 14 48rs Manths Days Hours M.n.	F 1.3
Pearly on 22 h	4	10a	. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTR through most of working life, even if retired)  OWN Home		17857
E		4		Va. U.S.A.	
A di	-	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Po Pour		15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 IN	Manie Thomas	
Signal Signal		ty e	( no, as unknown)   (If was, nive war or dates of service)	thur C. Jenkins (Husband) Same as # 2	
in in it.			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		
in Item, lice along onsit Ber wol, and			PART I DEATH WAS CAUSED BY.	racranial hemorrhage	
a Sold and a sold a sold a sold and a sold a sold and a sold a sol			Conditions, if ony, which) (b) Cerebral hyperte	ension	
in point in			gove rise to immediate couse (e), stating the underlying occuse tost.		
xom xom cos ior		7	PART IS, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP	SY -
ieat lend ol E	٥	lš	Hypertensive cardiovascular disease	PERFORMED? YES NO.	
rard "p Medic thd be		CERTIFIC	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ter nature of injury in Part I or Part II of item 18.)	BEJN
NER: The said of the said of the bullet		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 40 Placifoctor 9 m. 19 While 19 of work 10 work 10 work 10 work 19 w	E OF INJURY (Home, form, y, street, office bldg., etc.) (City or town) (County) (States)	to)
Principal Princi			21. I certify that I took charge of the remains described above	e, held on Autopsy . Inspection K, Inquiry K, and in	my
X PBS			apinion death resulted from: Notural couses 🖭, Accident 🗌		
Fice Fice of old old old old			7 / 3 342 /	DATE SIGNED	
E STATE OF THE STA			SIGNATURE (Jan ) Hataney	M.D. CHIEF MEDICAL EXAMINER []	
Sign Algie			EXAMINER'S / Talan (T. No. 3 and 3 a		7
NER S		22-	NAME (Type) John T. Maloney M.D.	DEPUTY MEDICAL EXAMINER	
A shed		-1	BURIAL CREMATION. 226 DATE THEREOF 226, NAME OF CEMETERY OR C		
5 . 5		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REGIO BY REGISTRAR 246. REGISTRAR'S SIGNATURE	V
VS A15ME 5M 2/57			diff ( amino + Som GILK-St	Miles DATE NOV 1 2 '59 Cather & trans	



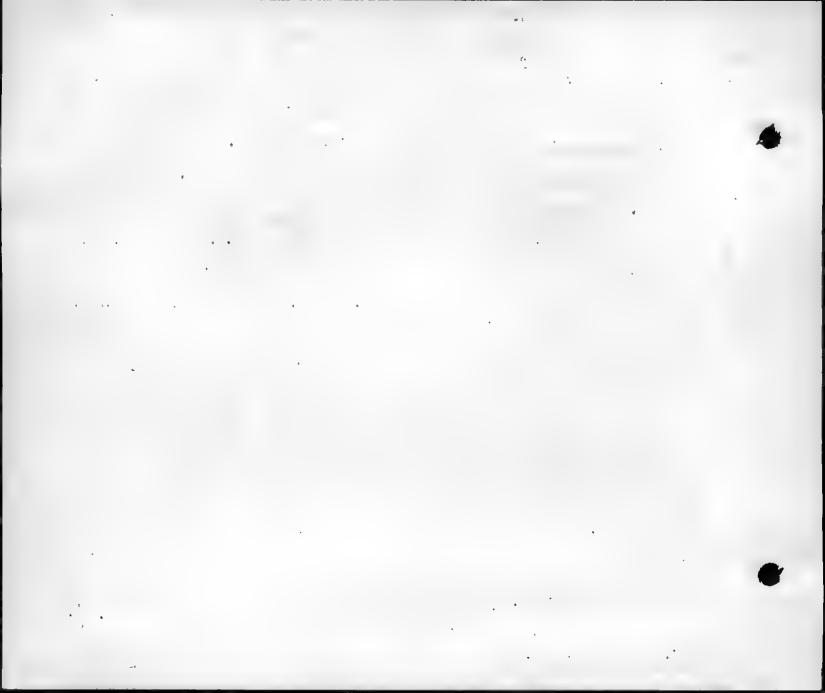
VS A15 (4) 15M 9/58

the tow require morning death cernificate be executed within 44 hauts diet acom. Toga 4	p physician.  The otherding physician and completely filled in the funeral director.	ourial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with	
ecuied within 44 r	completely filled	papers. Pages 1 c	hoth
le dedin cernificate de ex	ottending physicion and	in please remove carbon	the Mary and Cr nithin towns and in hours affect the
the tow require mor and	ng physician. e has been signed by the	vorial-transit permit. The	never you in our forms

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF BEATH

		128	94	CERTI	FICA	TIE OF DEAT	П		Reg. Dis	t. No.	
1.	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceased		on: Residenc	e before admi	ssion)
	Prince	George		MARY	LAND	Maryland		b. COUNTY	Princ	e Georg	ze
	b CITY OR TOWN (III RURAL and give no	f outside corparate timi	ls, write c.	LENGTH OF STAY	IN Ib	c. CITY OR TOWN (II	f outside corpor	ate fimits, write R	URAL ond g	ive nearest tax	vn)
	Cheverl			ll days		Brentwoo	ed.				
		AL (If not in hospital, g	jive street add			d. STREET ADDRESS				e. IS RI	SIDENCE A FARM?
		Georges Ge	neral			4003 Webst	ter St.				_ No □
3.	NAME OF DECEASED	Fir	st.	Middle		Last	4. DATE	Man	th	Day	Year
	(Type or print)	Alberta				Johnson	DEATH	Nov. 22	2,		19 59
S.	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9 AGE (In years igst birthday)	Months	-	DER 24 HRS
	Fem.	Negro	WIDOWED [	DIVORCE	□ 😾	7/9/1909		50 yrs.	MORTHS	Days Haurs	Min.
16	during most of work	ON (Give kind of work a	done 10b. KIN	ID OF BUSINESS C	R INDUS	TRY 11. BIRTHPLACE (Sta	le or foreign co	untry)	12 CITIZ	EN OF WHAT	COUNTRY?
	G I		-			Washing	ton, d.	C.	U,	S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	INAME				
	Albert Do	orsey				Joesphine	Grant	Simms			
15		R IN U. S. ARMED FOR		CIAL SECURITY NO	11	NFORMANT		Add			
					Mr	rs. Mary G. !	Spriggs	18	- T St	t.N.E.	
		TH [Enter only one co	use per lige f	or (a), (b), and (c).	]					INTERVAL E	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Con	elso le	2 4 6	660 121	e 'e-le	c. k		,61	
	1 200	DUE TO		4							1
	Conditions if or		1/23/	ner ten	. 7 6	2 62 - 10	-1646	4 66 6 "	7 364	7/6	. 3
		gove rise to immediate couse (o), stoting the under-									
	lying couse lost.	) (c	)								
ŏ	PART IS OTH	ER SIGNIFICANT CON	DITIONS CON	ITRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TER	MINAL D SEASE	CONDITION GIV	EN N PART	1(a) 19. WAS	AUTOPSY ORMED?
CAT											] NO []
CERTIFICATION	20g. ACCIDENT WA	CAUSE OF DEATH	20b. DESCRIE	SE HOW INJURY O	CCURRE	). (Enter nature of injury i	n Pari I or Part	If of item 18.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	20c TIME OF INJUR	Y Month, Day, Ye		RY OCCURRED		ACE OF INJURY (Hame, fa story, street, office bldg., e		or tawn)	(C	ounty)	(State)
ME	p. m.	19	While at wark	Not while at work			1				
	21. I certify th	at 1 attended the	deceased	fram	-/3	19 1/ , ta	11-1	19/ 9	that I las	st saw the	deceased
	alive an	11-21	., 19. √	and that	death	accurred atc. 10.	AM. fram				
		1	015	12	1	CIA		reel, city or town,			ATE SIGNED
	ACTUAL SIGNATURE	Lalo	17 1	Pisco	~ 1	WD. 1833	(Coll.	22068	Six R.	ElFia- (	,
	PHYSICIAN'S	)	, ,		,,,	T. 1/1	2	1. 1.	-	11.	
	NAME (Type)	71/1/1	7.1.6	1. 1865	10 10	F 2	<u> </u>	661 66	<u>'_'/</u>	1.1.	1/1/
22	REMOVAL (Specify)	N, 225. DATE THEREC	17 2	C NAME OF CEM	EVERY OF	R CREMATORY	22d LOCAT	ION (City, town,	or county)	1 AST	q(e)
	VCMCAWE (Sherila)	11/22/	271	Mariot	1age	VIGOR ICE AL	640	0/71		XX	
23.	FUNERAL DIRECTOR	S SIGNATURE	1	ADDRES 10	way .	. 4/ . 4	C'D BY REGIST		STRAR'S SIG	NATURE	
	MIV.	470K1	011	0.13	XX	6/13/DATEN	OV 2 4 '59	an	Chury 8 7	trace	





VS A15 (4) 15M 9/\$5

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

12854 CERTIFICATE OF DEATH

		Reg. Dist, No.					
	1. PLACE OF GEATH  a. COUNTY A CECOLOR MARYLAND	2. USUAL RESIDENCE (Where deceased lined. If institution Residence before admission) a. STATE  One of the state of the sta					
	b. CITY OR TOWN (If outside corporate filmits, write RUBALI and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE					
	PRINT BYANGA NIFSING HOME	2708-30 to St. SE. ON A FARM?					
	3 NAME OF DECEASED (Type or print) IZOLA B Middle	ENNEDY 4. DATE Month Doy Year DEATH NOV. 24, 1957.					
	5. SEX Fund C White WIDOWED DIVORCED D	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Days   Hours   Min    2. yrs.					
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life peven if retired)	STRY 11. BIRTHPLACE (Slote or foreign country)  12. CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME	14. MOTHER'S MAUDEN NAME					
	I has because the was personal to the was pers	Elnknown					
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) (If yes, give wor or dates of service)  (If yes, give wor or dates of service)	Calph Henred, 2708-30 th S.E.					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH					
	14500 DUE TO	ceral facture 2 month					
	Conditions, if any, which ) (b) Gelnesdered	asternos clesares 2 mm +					
	gove rise to immediate couse (a), stating the under						
	lying couse last. (c)						
3	3 arterios cleratico Heart Disense,	Di abetes, Rheum. arthretes yes \( \) NO THE NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \( \) NO \( \)					
		D. (Enter nature of injury in Part I or Part II of item 18.)					
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the following p. m. 19 White Not white at work at work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County) (Stote)					
	21. I certify that I attended the deceased from 10/14	. 1952, ta 11/24 , 1957, that I last saw the deceased					
	alive on $11/22$ , 1257, and that death	alive on 11/22 1957, and that death occurred at 6 PM, from the causes and on the date stated above.					
	SIGNATURE Trail M. Trozgo Ja.	M.D. 3501 Hamelton H 11/24/59.					
	PHYSICIAN'S FRANK M. TROZZO JR. M.	D. Hyattsville Md					
	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)					
	W. VV Chambers Co. 517-11th St.	S = 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  NOV 3 0 '59  Oxiday S. Hand					



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deay is recessary, please execute the certificate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should proveded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retailed for your files.

TO FUNER! RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Star Sard of Health, at removal, and its designated agent, prior to burial, cremation, as removal, and in any eyent within 72 hours after death.

VS. A15ME 5M 2/57

	MEDIC	STATE DEPARTME AL EXAMINER'S			TIMORE, DEATH	Reg. Dist. N	12892
1. PLACE OF DEATH a. COUNTY Prince	12895 Georges	MARYLAND	2 USUAL RESIDENCE (** o. STATE Maryle			ution: Residence be	
b. CITY OR TOWN III cutide of and give negret foun) Cheverly		c. LENGTH OF STAY IN 16 D.O.A.	c. CITY OR TOWN (I		orate limits, write	RURAL and give	neorest fown)
d NAME OF HOSPITAL OR Prince George	s General H	ospital give street address)	6600 D'Arc	oy Roa	d		ON A FARM?
3. NAME OF DECEASED (Type or print)	HER MAN	C . Middle	KLEIN	4 DATE OF DEATH	Novemb		
Male	White www		an. 15th, 18	895	AGE (In years lost birthday) 64 yrs.	Months Days	Hours Min.
Laborer (Ret	even if retired)	. KIND OF BUSINESS OR INDUSTR Cemetery	New Yor		untry)	12 CITIZEN C	OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN ! Unknown	NAME		The state of the s	
Conditions, if ony, will gave rise to immediate co. (a), stating the underly cause lost.  PART II, OTHER SIG	DUE TO	ddie vascular re		UNAL DISEASE	CONDITION GIV	VEN IN PART I(0)	19. WAS AUTOPSY PERFORMED?
PART H. OTHER SIG		IBE HOW INJURY OCCURRED (En	E OF INJURY (Home, form	m. 20f. [City o		(County)	(Stote)
20c. TIME OF INJURY Hour o, m, p, m.	19 What s	work of work	ry, street, office bldg., etc				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		couses K. Accident	-		pection <b>K</b> , Undete	, , , , , , , , , , , , , , , , , , ,	*
SIGNATURE CALL	ner \$1	Joya -	M.D CHIEF MEDICAL E	_			DATE SIGNED
220. BURIAL CREMATION, [22]	B I. Boyd	72c NAME OF CEMETERY OR C	DEPUTY MEDICAL		ON (City, town,	11/6/	1959 (Stote)
Burial  23 FUNERAL DIRECTOR'S SIGN W.W.Chambers		Lincoln Memori	240. RFC		nd Rd P		Md.



12893

1			128	96	CERTI	FICA	TE OF D	EATH	l	· .	Reg. Dist.	. No.	
À	1	PLACE OF DEATH		·			2. USUAL RESIDE	NCE (Who	re deceosed l			before admi	ssion)
	(		ince Georg	ed	MARY	LAND	o. STATE Mary	land		b. COUNTY	ince Ge	erges	
	I		autside corporate lim		E LENGTH OF STAY	IN 1b			itside carporo	te limits, write			vn)
ŀ			verly		2 days		/ 5 Hvat	tsvi	lle P.	0.			
, [	4		AL (If not in hospital, (	give street o		1	d. STREET AD					e, IS RE	SIDENCE A FARM?
			e Georges	Genera	1 Hospita	1	5321	Gr	eenway	Drivex			NO 🔼
	- 1	NAME OF DECEASED (Type or print)	Josepl		Middle Wil	liam	Lost Kreamer		4. DATE OF DEATH	No.	v 18	Day	1959
	5. 5	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	ED 🔲 8	B. DATE OF BIRTH		9	AGE (In years lost birthday) 5352 yrs	IF UNDER 1	YEAR IF UNI	-
		Male	White	WIDOWED	DIVORCE	0 🗆	7 Feb 19	07		5352 yrs	Months D	Pays   Haurs	Min
V	10a	USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b. K	IND OF BUSINESS C	R INDUS	TRY 11, BIRTHPLA	CE (Stote o	r foreign cou	ntry)	12.CITIZE	EN OF WHAT	COUNTRY?
		Baker	ing the state in latitude	7	Bakery		Washi	ngto	n, D.C	•	ŧ	JSA	
4	13.	FATHER'S NAME					14. MOTHER'S A						
1		Charles	Kreamer				Paisy	r Mea:	ry Do				
ı			IN U.S. ARMED FOI		OCIAL SECURITY NO		IFORMANT		•	Add	resHyatt	tsville	P.O.M
١	£1.41	No	None	577	<b>7-10-8365</b>	Ma	rgaret A.	Kre	amer,	5321 Gr	eenway	Brive	
	NOIL	Canditions, if or gove rise to ir couse (o), stating the Lying couse lost.	nmediate (	Y 8	halnut 20 phag DNT MBUTING TO GE	nti og	pasm.	taly HETERMIN	lic O Chr	ecido mic condition Gi	VEN IN PART	20 17 10) 19. YAS	AUTOPSY ORMED?
	CERT FICATION		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY O	CCURRED	). (Enter noture of	injury in P	art I or Port 1	l of item 18)		YES [	] ио []
١	MEDICAL	20c. TIME OF INJURY Hour a.m. p. m	Y Manth, Day, Ye	ar 20d. IN. While at work	Not while	20a. PLA fact	CE OF INJURY (Hotory, street, office I	ome, form, oldg., etc.)	20f. (City o	r town)	(Co	ounty)	(State)
		alive an 1	at I attended the	decease		death	accurred at			le causes det, city or fown		date state	deceased above.
1	220	(1)	Dr. Willia		son ., M.D		Bla	len	elus 2d LOCATE	y W	range	and	ote)
		REMOVA. (Specify)	la - l	59	Mt.Olivet					ngton,	D.C.	131	
		FUNERAL DIRECTOR'S			ADDRESS				BY REGISTRA	AR 24b. REG	ISTRAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAM: II | low requires that the death certificate be executed within 2 haurs ofter death. Poge 4 Defunctions by the haspitol or attending physician.

Defunce at a complete or serificate has been signed by the attending physician and completely filled in page 3 shaverable detached for use as the burial-transit permit. Then please remaye carbon pagers. Pages 1 and the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death. may be retor TO FUNERAL VS A15 [4] 15M 9/58

e funeral director, should be filed with



certificate death ECTOR: FUNER page 0 **VS A15 (4)** 15M 9/5B

PHYSICIAN'S NAME (Type)

220 BURIAL, CREMATION,

REMOVAL VETTY

23. FUNERAL DIRECTOR'S SIGNATURE

The S.H. Hines Co.-2901

Wash.D.C. **ADDRESS** 

Brookville Cemetery

22c. NAME OF CEMETERY OR CREMATORY

Brookville, 24a, REC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

Pennsylvania 24b. REGISTRAR'S SIGNATURE

(County)

12894

Days

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

10 da

PERFORMED?

YES IN NO TO

(State)

(Stote)

IS RESIDENC

ON A FARM YES NO

luth St. N.W.

DATE OU O 150



12896

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

> 19. WAS AUTOPSY PERFORMED?

> > (State)

DATE SIGNED

12 CITIZEN OF WHAT COUNTRY?

Days

U.S.A.

ON A FARM?

YES NO 📝

1959

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Rea. Dist. No.

(Stote)

246 REGISTRAR'S SIGNATURE Cilling & Thousa



VS A15 (4) 15M 9/58

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b COUNTY Prince Georges Maryland Prince Georges MARYLAND b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Cheverly 2 days Laurel d. NAME OF HOSPITAL (If not in haspital, give street address) .d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 336 LaurelAve. Prince Georges General Hospital YES NO N Middle Last 4. DATE Month Year Day DECEASED 50 Margaret Nov. Lowery DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthdoy) Months Days 10 Sept. 1886 Female White DIVORCED [ WIDOWED 10a. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 4-9 11 Admin KI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o 400,1 DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IA 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part 11 of Item 18) MEDICA 20c TIME OF INJURY 20e PLACE OF INJURY (Hame, form, | 20f. (City or town) Day, Year 20d INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour o.m. While Not while of work at work D m 18 Nov 21. I certify that I attended the deceased from 6 Nov. \_.that I lost sow the deceased and that death occurred at 12,30%, from the couses and on the date stated above. DATE SIGNED ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE Perry St. PHYSICIAN'S NAME (Type) Mt.Rainier ., Md Norman Comeau .. M.D. 220-BUR AL CREMATION. 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

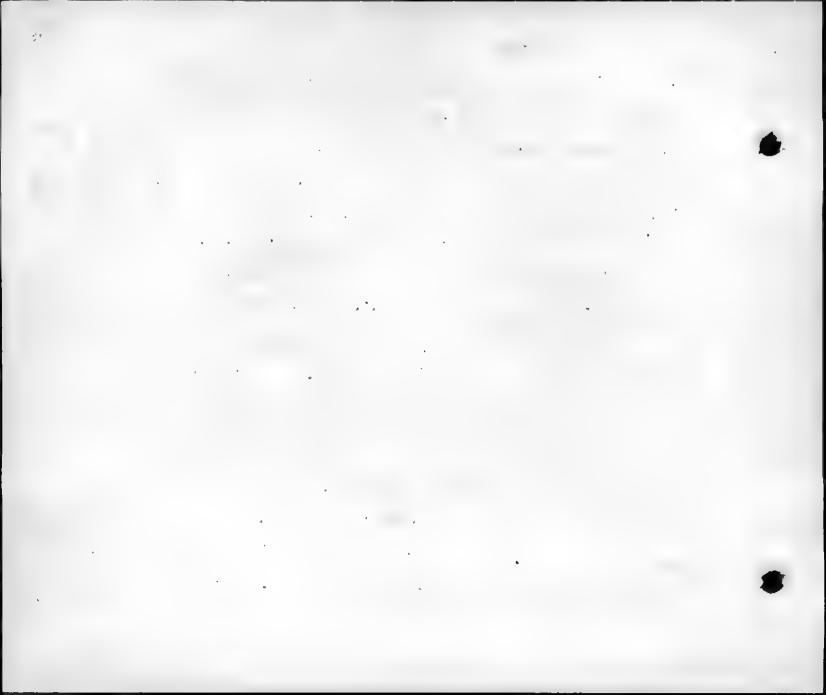


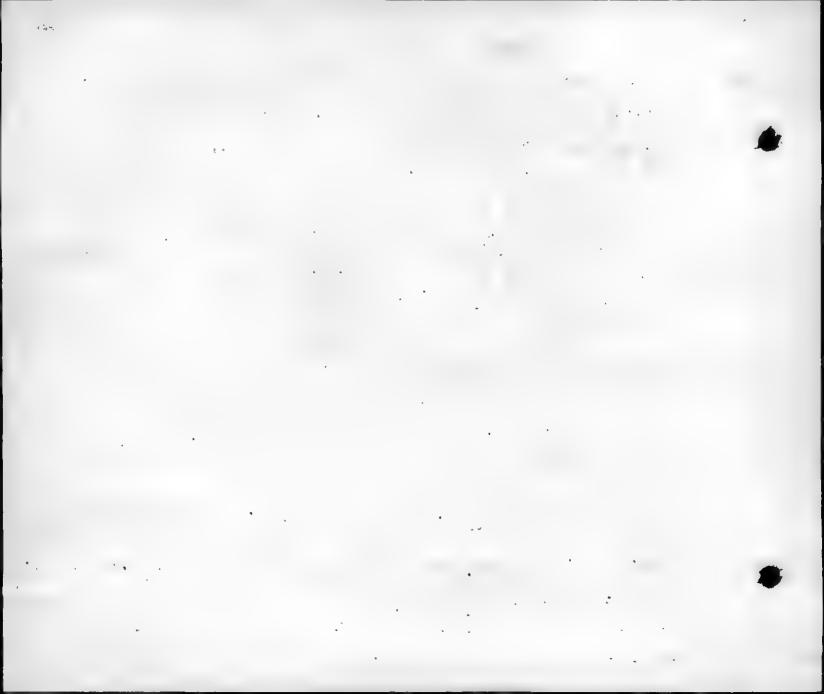
VS A15 (4) 15M 9/5B

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE, 18
Items	3 22,	Film G252	11/17/73	BALTIMORE, 18

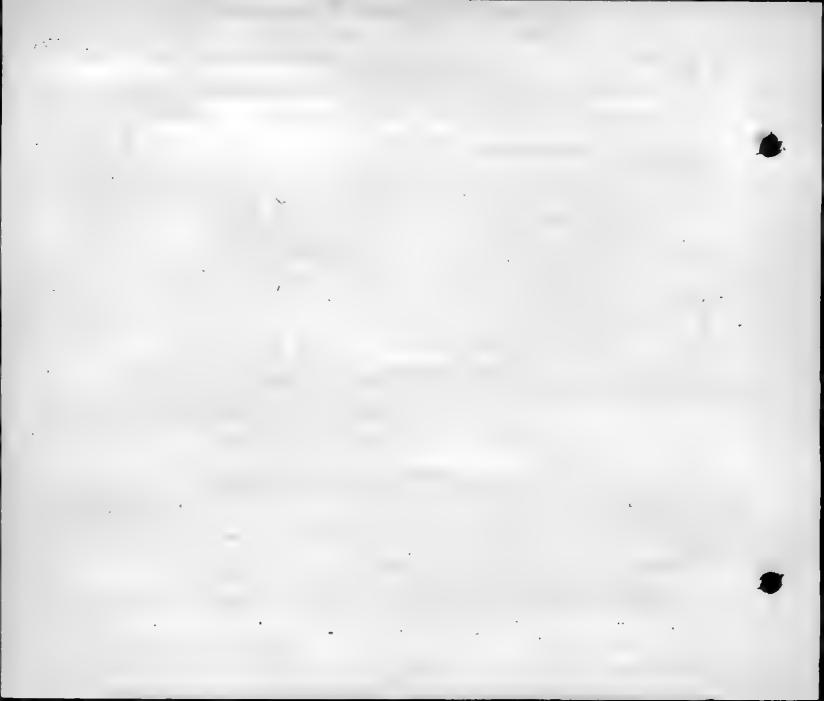
12898

		190	0.0	CERTIF	FICAT	E OF D	EATH	1		Reg. Dist		
1.	PLACE OF DEATH COUNTY Prince Ge	eork) e	33	MARYL		USUAL RESID o. STATE Marylar		nere deceased lived.	. COUNTY	n: Residence	before adn	nission) •
H	b. CITY OR TOWN (I	Foutside corporate lim	its, write	c. LENGTH OF STAY II	N 16			Prince G	nets, write Ru	RAL and gi	ve nearest to	own)
	RURAL and give ne	arest town)		9 days.	1	Accokes	ale.					
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in haspitat, g	give street			d STREET AL	DDRESS				10	RESIDENCE A FARM?
		eorge Gene				Box 430		1			115	⊠ ио [
3.	NAME OF DECEASED (Type or print)	F <sub>1</sub> 1	nst Tra	Middle e <b>J</b>		Lync		4. DATE OF DEATH	Mont		Day	Y∞r 1959
5.	SEX			RIED NEVER MARRIES	B. 1	DATE OF BIRTH		9 AG	E (In years	IF UNDER 1	YEAR IF UK	DER 24 HR
	Male	White	WIDOWI	ED DIVORCED	<b>a</b>	Ameril A	5. 18	0 -1	birthdoy)	Months [	Poys Hou	rs Min.
100	USUAL OCCUPATIO	N (Give kind of work	done 10b	KIND OF BUSINESS OR	INDUSTR	Y TI. BIRTHPL			141	12. CITIZ	EN OF WHA	T COUNTRY
	Retired	ing`life, even if retured	)	U S Govern	ment	Was	hingt	ton D. C.		US	S A	
13	FATHER'S NAME		<u> </u>			14. MOTHER'S						
	Edwa	rd Lynch				Max	ry Cu	ımmings				
15.		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	DRMANT			Addr	015		
		BO.			A.A	.Tippet	t, Ne	ephew,	Sa	me		
	1B. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]	-	1) 1	)	-			INTERVAL	BETWEEN ND DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	i de	ulmonary	En	Role	ame	2,,,,			ONSE! AI	AD DEATH
	1778	DUE TO		on a calle	_24	eart	Jan	lyne	/			
	Conditions, if or	ny, which ) (b	.,	Cate	برسدر	20leni	the	Least de	aira	سا		
	gove rise to in cause (o), stating	nmediate (	•		/	7	-					
	lying couse lost	) (4	Ch	er of	Pro	stale	,					
CATION	PART IT. OTH	er significant con	DITIONS (	CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THETERMI	NAL DISEASE CON	DITION GIVI	EN IN PART	1(o) 19, WA PER YES	REORMED?
CERTIF	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED (	Enter noture of	injury in I	Port I or Port II of i	item 18 )			
MEDICAL	20c TIME OF INJUR	Y Month, Doy, Ye						, 20f. (City or tav	vnj	(Co	ounly)	(Stot
MED	Hour o.m.	19	While of wor	Not while	Toctor	y, street, office	blag., erc	·J				
	21. I certify th	at I attended the	decens	ed from Mov	15. 7	9599	ta Nov	v.14	159	that I las	t saw the	decease
	glive an Nov.				4.9			M, fram the c				
L	14	1	7	(2) i				ADDRESS (Street, c				ATE SIGNE
	ACTUAL SIGNATURE	-02 COL	490	2	M.I	×45	3.3 4	C1. 46 6.	LCL	1/2 21	1/24	
L	PHYSICIAN'S /	CNALY	к	F15 "		- 4	79	5 4.	6.	r 	11/1	4/19
22	BJRIAL, CREMAT O	N, 226 DATE THEREC	)F	22c. NAME OF CEME	TERY OR C	REMATORY		22d. LOCATION (	City, tawn, a	r county)	15	itate)
I	gurial	Nov.17,1	959	Evergree	n Cen	etary		Blade	nsbur	Md.		
23	FUNERAL DIRECTOR	SIGNATURE		ADDRESS	1	1		D BY REGISTRAR		TRAR'S SIGI		
2	rancis	ercho dos	1, 0	Syallanelie	The		DATE	0V 1 7 '59	1	Muy &	Thuma	





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12941 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) G.FOR county Prince George filed : a COUNTY Maryland CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RoRAL and give nearest town) funeral RURAL and give negrest town) Chillum, Hyattsville Year 5 CHILLUM d. STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION e. IS RESIDENCE ON A FARM? Rittenhouse street YES NO 54 DATE NAME OF Middle Lost Day Year DECEASED OF DEATH VICTOR (Type or print) / 190 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH Days Manths Hours and complete than papers. er death. WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, eyen if retired) Designer Clothes 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician please remove a within 72 hours a 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 190140 offending p INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) 450.0 DUE TO ć igned by permit. CENERALIZED ARTERIOSCLEROSIS Conditions, if ony, which ) gave rise to immediate DUE TO cause (a), stating the underlying cause last. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? 17 YES 🚺 NO 🖼 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) certificate OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, , 20f. (City or town) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg , etc.) Hour a.m While Not while of work at work p. m. 21. I certify that I attended the deceased from APBIL 29 1957 that I last saw the deceased and that death accurred at 2106 A.M. from the causes and an the date stated above ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) TO FUNERA 22d LOCATION (City, lown, or county) 220 BUR AL, CREMATION, | 225. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY LREMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR S SIGNATURE 24a REC'D BY REGISTRAR C E'mi & Trials VS A15 (4) DATE 15M 9/SS



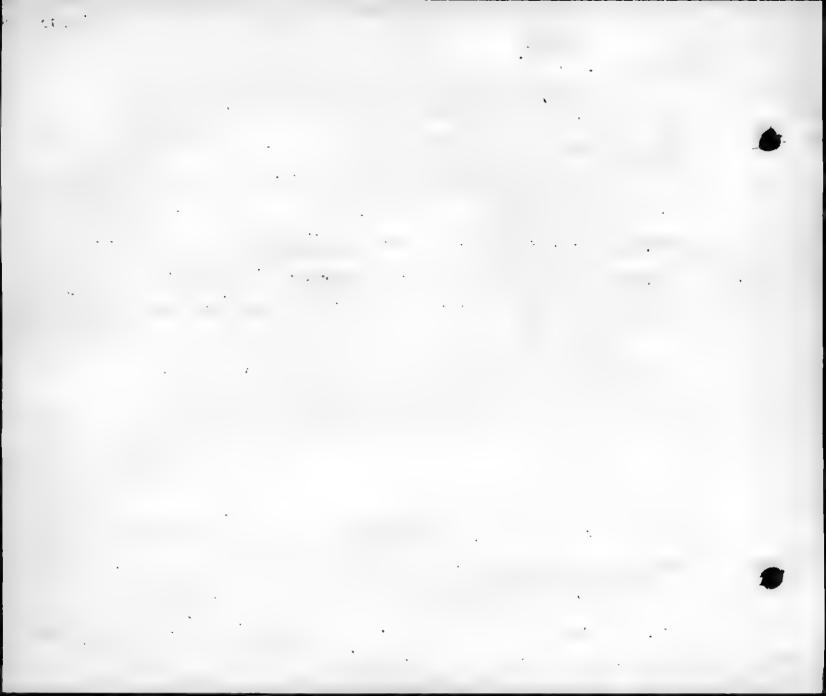
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No. 21.824

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



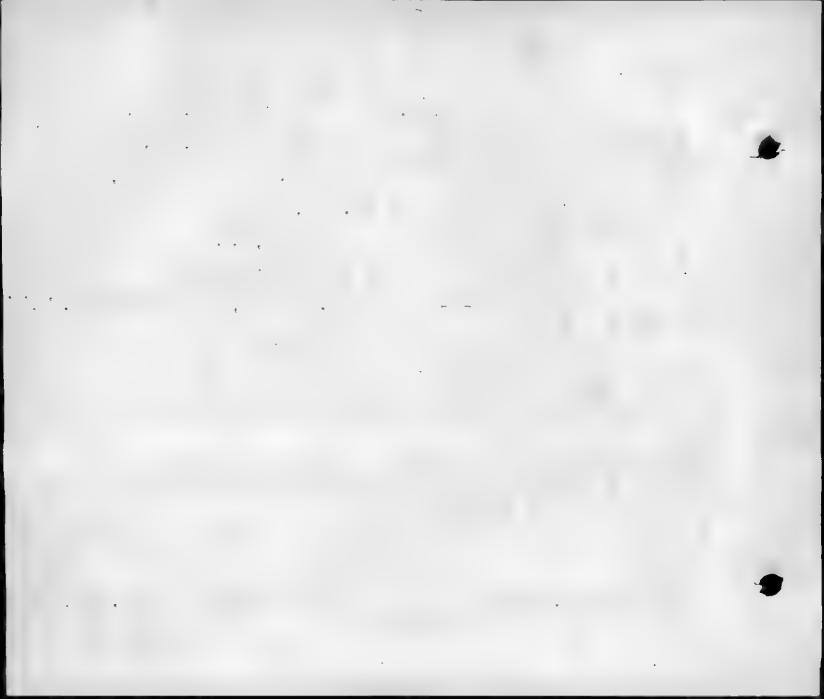
## FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12000	Reg. Dist. No.
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
o. COUNTY Prince Georges MARYLAND	d. STATE Markland b. COUNTY Prince Georges
b. CITY OR TOWN (1 outside corporate limits, write PUPAL ord one recreat (gum)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly D.O.A.	× Coral Hills (Wash.27, D.C.)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e IS RESIDENCE ON A FARM?
Prince Georges General Hospital	1413 Boones Hill Road, Apt.#1 VES NO D
3. NAME OF First Middle DECEASED FORTH TO THE TOTAL TO	Lost 4. DATE Month Day Year
(Type or print) EDWARD JOSEPH	MC GEE, JR. DEATH November 27th, 1959
	I. DATE OF BIRTH  9 AGE (In years left UNDER TYEAR IF UNDER 24 HRS left birthday)  Months Days Hours Min
	160. 44th, 1914 45 yrs.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)  Gas Station Attandant  Basoline	
	1100331116 0013
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Joseph McGee	Elizabeth Liversedge
(New yor and service your) ) ) (If you give you are defent of service)	NFORMANT Addrew Washington 27, D. ward J. McGee 111, 1413 Boones Hill Rd.S.E.
16. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE [0]  Acute congestive	
4/7 X DUE TO	
Conditions, if ony, which) (b) Ulcerated mitral	stenosis
gave rise to immediate cause	The state of the s
(a), stating the underlying DUE (C)	
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTION CONTRIBU	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES 13 NO 1
200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED. (8	Enter nature of injury in Part I or Part II of stem 18.)
3 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLA	CE OF INJURY (Home, farm, 120f. (City or town) (County) (State)
Total Hour e.m.  P. m.  19  20c. TIME OF INJURY Manth, Day, Year  While Not white of work of w	ory, street, affice bldg., etc.)
21. I certify that I took charge of the remains described abo	ve, held an Autapsy X, Inspection X, Inquiry X and in my
apinian death resulted from. Natural causes 📆, Accident	
SIGNATURE anner Horr	M.D. CHIEF MEDICAL EXAMINER [
	ASSISTANT MEDICAL EXAMINER
EXAMINER'S James I. Boyd	DEPUTY MEDICAL EXAMINER (X Nov. 28th, 1959
220 BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR BURIAL Specify) Nov 30, 1959 Fort Lincoln	CREMATORY 22d. LOCATION [City, town, or county] (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	DATE DEC 1 '59 arthur S. Thomas

4 should TO FUNER TO DEPUTY VS. A15ME 5M 2/57

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. Debugged to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. Debugged to the confidence of the confidence of



## FOR STATE HEALTH DEPT.

The same of

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EVAMINEDIS CEDTIEICATE OF DEATH Page TU EFPUTY MEDICAL EXAMPLE: This certificate should be emcated within 24 hours ofter death. If any delay is necessary, please execute the medicale, writing the ward "punding" is gencil in the fig. Give liages 1, 2, and 1 to the functor flage. 4 should have death of the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain by your files. 10 FUNERA HECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State and of Health, as its designated agent, priar to burial, cremation, as removal, and in any event within 72 hours after death.

-4	2	$\Lambda$	11	А
- (	∠.	12	13	а
- 1	Park	D 6	3.7	- 1

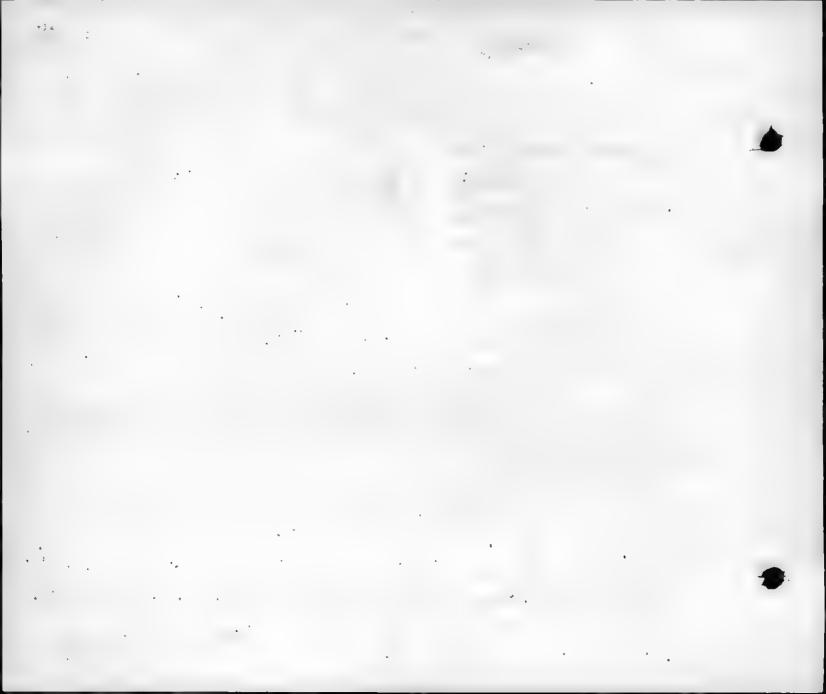
		1005	PICAL	- EVWIAIIIAEK	3 CER	IIIICA	IE OF	DEATH	Reg. D	Dist. No	Tw	UUX
	OF DEATH	これでつい	0		2. USUAL	RESIDENCE (\	Where decease	ed lived If instit	ution Resid	lence bef	ore odmi	ission]
COU		Prince Geor	rges	MARYLAND	o STAT	E Mary	land	b. COUNT	r F	r. e	eo.	
		outside corporate limits, wat		c. LENGTH OF STAY IN 16	c. CITY	OR TOWN (I	f autside corp	orate limits, write	RURAL on	d give n	earest to	wn]
91.0		tsville		2 years	, I	iyattsv	rille					
d. NAM			If not in hosp	ita , give street oddress)		ET ADDRESS						ESIDENCE A FARM?
	3513	Suth Aven	ıe			3513	54th	Avenue				1 но 🔀
3. NAME DECEA:	OF SED	Fir	st	Middle		Loss	4 DATE	Mon	lh .	Doy	Y	feor
(Туре о		Juani'	ta	Crenshaw	McKibl	oen	DEATH	Novem	iber	5,	1	9 59
5, SEX		6 COLOR OR RACE	7 MARRIEL	NEVER MARRIED	8 DATE OF B			9, AGE (In years lost birthday)	Months			ER 24 HFS.
	emale	white	WIDOWED			28-27		32 yrı.		Doys	Hours	Min.
10a USUA during r	L OCCUPATION OF WORKING	ON (Give kind of working life, even if retired)	dane 10b. Kt	ND OF BUSINESS OR INDU:	STRY 11. BIRT			ountry)			WHAT	COUNTRY
		wife even if refired)				S. Car				JSA	_	
13, FATHE	R'S NAME				C1Y23	beth !	NAME					
		Samuel Crei				Blanche	2					
15. WAS (	DECEASED EV	ER IN U. S. ARMED FO (II yes, give wor or dates of	RCES? 16 S	OCIAL SECURITY NO. 17.	INFORMANT			Addres	i .			
	No		-	148-34-2563	Wallas	m B. M	(cKibb*	same	addre	8. 88	13 #2	2.
18 C/		TH [Enter only one car	use per line fi	or (o), (b), and (c). ]						INTER	VAL BETWE	të N Kris
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o	)	Hemorrhage	and sho	ock						
7	76×	DUE TO										
	litions, if o			Gunshot wou	nd Mr	chest						
[0], 1	toting the											
-	tost.	) (c	)	(PARITRIC TA RESTELLAND	1107 051 1750	TO THE TEN						
CATION	PARI II, OII	NEK SIGNIFICANI CON	DITIONS CO	NTRIBUTING TO DEATH BUT	NOI KELAIEU	TO THE TERM	IINAL DISEASI	CONDITION G	VEN IN PA	1.1	PERFO	RMED?
1 20a. E	XTERNAL CA	USE WAS 20	DESCRIBE	HOW INJURY OCCURRED.	(Enter noture o	of injury in Por	rt f or Fart II	of item 18 }				
CAUS	E OF DEATH.		_Sel:	f inflicted_w	ound_o	Chest	·					a alman and
9	IME OF INJU	RY Month, Day, Ye	or 20d IN	Not white	ACE OF INJUI	ty (Home, form frice bldg., etc	r, 20f. (Cily	or town)	(Ce	ounty)		(Slote)
1 × 1	0.38 A	.M. 11-5-19	59 of wor	LADI MINIE	one			tsville	Pr.	Geo	1	Md.
21. 1	certify t	hot I took charge	of the ri	emoins described ob	ove, held	on Autops	y 🍱 , In	spection 🖺	, Inqui	ry X	, an	d in my
opin	ion death	resulted from:	Natural ci	auses 🔲, Accident	, Suid	cide 🛂,	Hamicide	. Undete	ermined	manne		
	)	/ 71	11 /	Я							0.175.4	
ACTL SIGN	ATURE	1/11/2 /-1	Hals	CART TO THE	_M O CHII	EF MEDICAL E	XAMINER [				DATE S	IGNED
EGA:					ASS1	STANT MEDIC	AL EXAMINE					
		John T. Mal	oney,	M.D.	DEP	JTY MEDICAL	EXAMINER	Nov	rember	: 5,	1.959	9
2 Bunki	Adremation VAL (Specify	Nov. 9,1		ZZC NAME OF CEMETERY O		1	1	MILL	or county)	Car	(State	
		S SIGNATURE	Inna A A	ADDRESS		24o. REC	D BY REGIST	RAR 24b. REG	ISTRAR'S SI	GNATUR	E	
F. 0	rascn'	s Sons H	iyatts	ville, Md.		DATE	10V 1 0 1	59 0	Irthur 2	8. The	ud	

V5. A15ME 5M 2/57



4				12907 CERTIFICATE OF DEATH Reg. Dist. No.12905
e G	× × ×	4.	1-	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
۵.	E E		1	Prince George MARYLAND O. STATE Maryland b. COUNTY Prince George
oth.	e de	,		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
o o		(0)		Cheverly 5 Months Cheverly
offer	हुई ।			d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
5	5- 0	1 . /		Prince George General Hospital 3802 58 Avenue YES NO [X]
Po :	0		3.	NAME OF First Middle Lost 4. DATE Month Day Year OF
0 24	S S			Type or print) Barbaral Mc Kinney DEATH November 13 19 59
# -	P S		5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years   15 UNDER 1 YEAR IF UNDER 24 HRS   Manths   Days   Hours   Min.
70 7	- S		1	Temale White WIDOWED   DIVORCED   June 18 1959   ya 5
conte	Pape Pape	-	10a	USUAL OCCUPATION (Give kind of work done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12.CITIZEN OF WHAT COUNTRY?
exe -	bon po bon po	<b>X</b> )	_	None Maryland United States
p p	or de ro		13.	FATHER'S NAME
cot	alla .		ļ	Robert L Mc Kinney Dorothy / Loasey
Į.	physic emove hours		15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (If yee, give wor or dates of service)
٥ -	se n			Dorothy Mother Address state
leol	renc pleo /ithi			18. CAUSE OF DEATH [Enter only one couse per line to (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
9	o d d			PART I. DEATH WAS CAUSED BY Sactorema & hydrocapiones
to :	arh Th			Conditions if any which) and have least thruits &
\$6	on the			gove rise to immediate
Per .	B 8			couse (a), stating the under-
ri re	ond		z	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY
loy hysic	s be ol-tro vol,	N-par	CATTON	PERFORMED?
파 이 이	emo emo		J.F.	
A Z	he k		CERTIFI	20s ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH   (If EITHER, NOTIFY MEDICAL EXAMINER)
SICL	os t			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
H.	use mot		MEDICAL	Hour a.m.  While Nat while factory, street, affice bldg., etc.)  P. m.  19 of work at work
Did.	for cre		1	21. I certify that I attended the deceased from June 18, 1959, tallovember 13, 1959, that I last saw the deceased
Pod S	hed			alive an November 13, 1959, and that death accurred at 6:45PM, from the causes and an the date stated above.
Hart of	o eto			ADDRESS, (Strogt, city op town, stote),  DATE SIGNED
₹ Q	be d			SIGNATURE Welliam 4 Stocker WID 6300 Keverdal Rd., Russeld IVIB
0	old be prior	1		PHYSICIAN'S
ref	e 3 shour			NAME (Type) Villiam A. Stecher 6300 Riverdale Rd. Riverdale Md.
OSP od /	S S S S S S S S S S S S S S S S S S S		220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
HE	poge the re		_	Burial Nov 16, 1959 Cedar Hill Cemetery Suitland Md.
₩ ¥	_		23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS
15M 9/				DATE ROV 1 7 33
				A COM TO THE TOWN A VIII.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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funeral

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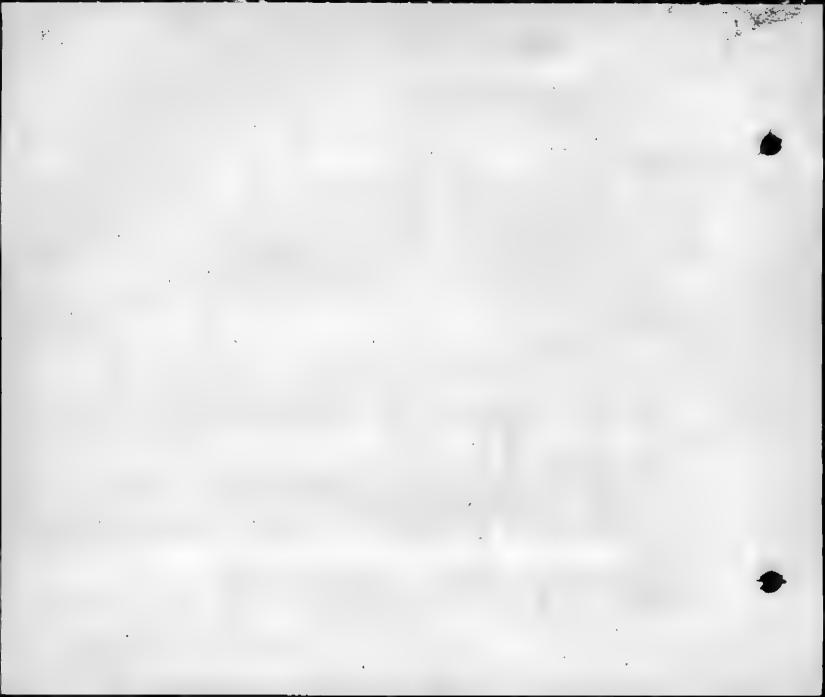
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ward

writing



24g, REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

WSS TO HOSPITAL OR ATTENDED WSS STORY BOARD AND THE WS

23. FUNERAL DIRECTOR'S SIGNATURE

ofter death.

hot

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certificate

death

YKINCE GECKEES

PISTRICT CFCCLABIT

RURAL. GLUNN DALE TYK, IMC. YEN

GLENN DALE TYK, IMC. YEN

GLENN DALE TYK, IMC. YEN

GLENN DALE TYK, IMC. YEN

NELLIE C. MENDE HALL

NOV 21 ST

FEMALE WHITE X 6/9/07 ST

SELF-EMPLOYED SALISBURY, NORTHOR, US. A.

JOHN W. KERR

OLARA SINAIN

NO

BUK, PATIENT

PLL MENARY INSUFFICIENCY AND CCR PUL NONALE

NOV 31 37 BOT 17 ED MON DA 37 COLUNN DALE HOSPITAL MIDINGS
MOE WEISS, M. D. CHENN DALL, Md.

PULMONARY TUBERCULCSIS 8 YRS

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	12945	CERTIFIC	CATE OF DEATH	ı	I ~ JUU
1. PLACE OF DEATH o. COUNTY	rince George	s Co. MARYLAN	O STATE BEFORE	ere deceased lived. If institution b. COUNTY	Pr. Geo s. Co.
Clinton,	(If outside corporate limits, one prest town) Haryland	write c LENGTH OF STAY IN 1	c city of town (if of X Olinton, M	utside corporate limits, write RU laryland	RAL and give nearest town)
d NAME OF HOSE	TTAL (If not in hospital, give	street oddress)  1. Maryland.	/d STREET ADDRESS Thrift Ros	d , Clinton, M	e. IS RESIDENCE ON A FARM? ATYLAND YES NO [A
3. NAME OF DECEASED (Type or print)	WILLIAM First	F. MU	LLIKIN	4. DATE Month OF DEATH NOV.	/
Male	がわる キュ	MARRIED NEVER MARRIED DIVORCED	D 011 100	Loss highland	Months Doys Hours Min.
OLORIC	TION (Give kind of work don orking life, even if retired)	Campbell's Har		or foreign country) on, Maryland	12. CITIZEN OF WHAT COUNTRY? USA
John H.	Mullikin		14. MOTHER'S MAIDEN N Mary O. Pa		
15. WAS DECEASED EV (Yes, no, or unknown)	/ER IN U.S. ARMED FORCES (If yes, give wor or dates of service		INFORMANT Mrs. Alice.C. N	Addre Mullikin Same	11 -
Canditions, if gove rise to couse (a), stating lying couse last PART II O POR CONTRIBUTION (IF EITHER, NOTIF Hour o.m. p. m.	ony, which immediate g the under to the roll to the significant conditions of the significant co	IONS CONTRIBUTING TO DEATH IONS CONTRIBUTING TO	RIT NOT RELATED TO THE TERMINATION OF THE TERMINATI	NAL DISEASE CONDITION G VE Port 1 or Port II of item 18)	
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 720. BUR A., CREMATI REMOVAL (Specif BUL'181	PAULOVS	1 ATTA  120 NAME OF CEMETER	M.D. 5440 Y	,	an the date stated above tate)  DATE SIGNED  (1)  (2)  (5)  (5)  (5)
23. EUNERAL DIRECTO		anington 2000 PRO		BY REGISTRAR 245 REGIST	TRAR'S SIGNATURE

TO HOSPITAL OF ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be ret.

CTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremotion, or removal, and in any event within 72 hours offer death. VS A15 (4) 15M 9/5B

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		MARYLAND STATE DEPA		•	10000
TE I		12903 CERT	IFICATE OF DEATI	Reg	Dist. No. 2909
	a.	ACE OF DEATH COUNTY Prince George MAR	2. USUAL RESIDENCE (WI	here deceased lived If institution: Re b. COUNTY Howard	sidence befare admission)
1	ь.	CITY OR TOWN (If autside carporate limits, write   c LENGTH OF STAY	' IN 16 c. CITY OR TOWN (IF	autside carporate limits, write RURAL	ond give nearest tawn)
<i>5)</i> [		heverly 12 days	No Laurel	13×	
77	d.	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince Geprge General	d. STREET ADDRESS		e. IS RESIDENC ON A FARM YES NO
	DE	AME OF First Executt Middle Specific Party Baby Bot-	Mulliés	4. DATE Month OF DEATH NOV	Day Year
	5. SE			9 AGE (In years IF U)	NDER I YEAR IF UNDER 24 H
	M	fale     widowed   Divorci	Nov 2, 1959	lost birthday) Mon	ths Days Hours Mil
1	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during mast af working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (State	ar foreign country) 12	CITIZEN OF WHAT COUNT
		ATHER'S NAME	Marylan		U.S.A.
		orrest Mullis		il Van Alstine	
	15 W	VAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY No. or unknown] [If yes, give wor or dates of service)	INFORMANT	Address	
			PArents		
	1	8. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c)	1-1.1		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	elunt		
		/ / G X DUE TO			
		Canditions, if any, which gove rise to immediate (b)			
		couse (a), stating the <u>under</u>   lying couse last. (c)			
0	FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDIT ON GIVEN IN	PART 1(a) 19. WAS AUTOP PERFORMED? YES NO
	CERT	206. ACCIDENT WAS UNDERLYING [] DR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	DCCURRED (Enter nature af injury in	Part I or Part 11 of stem 3B.)	
	MEDICAL	Oc TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of work of work of the of work of the order of work of	20e. PLACE OF INJURY (Home, form foctory, street, office bldg , etc		(County) (Sta
	2	21. I certify that I attended the deceased fram. Nov.	2 , 1959 , to No	ov. 14 1959, that	I last saw the decea
	(	alive an Nov 11, 1959 , and tha	death accurred a2:25P	_M, from the causes and an	
	1.	ACTUAL SI NE COO		ADDRESS (Street, city or town, state)	DATE SIG
	S	GIGNATURE Declet	M.D 120 144 1	Main-St	
-/		HYSICIANS Dr. John Buell	Laurel N	4 d-	
=			NETERY OR CREMATORY	22d ŁOCATION (City, tawn, or cau	nly) (State)
	13	REMOVAL (Specify)	e Lean	A sel	The S
	23 FI	UNERAL DIRECTOR'S SIGNATURE ADDRESS	24n PEC	D BY REGISTRAR 246. REGISTRAR	S SIGNATURE
[2			a later nec	D B1 KEOISINAN FORM MEDISINAN	3 SIGIANI OKC



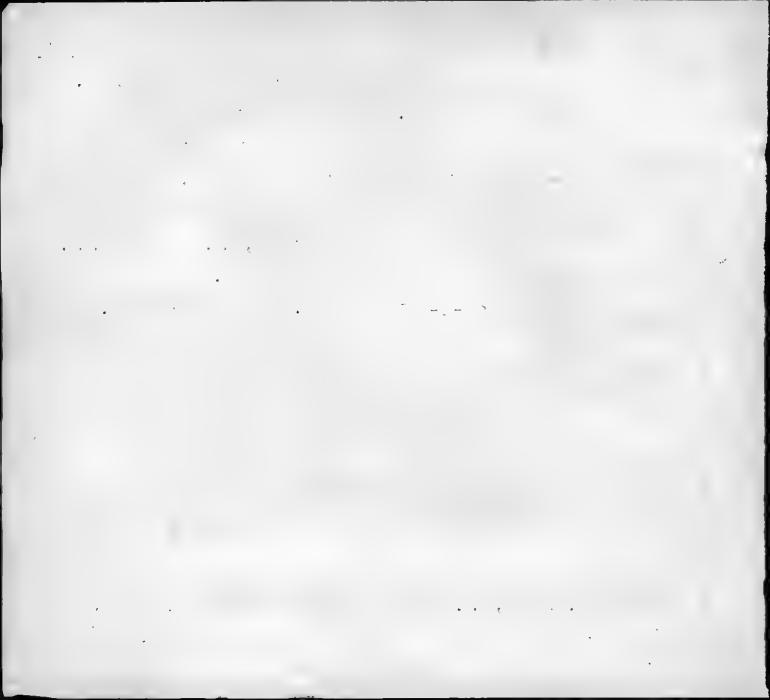


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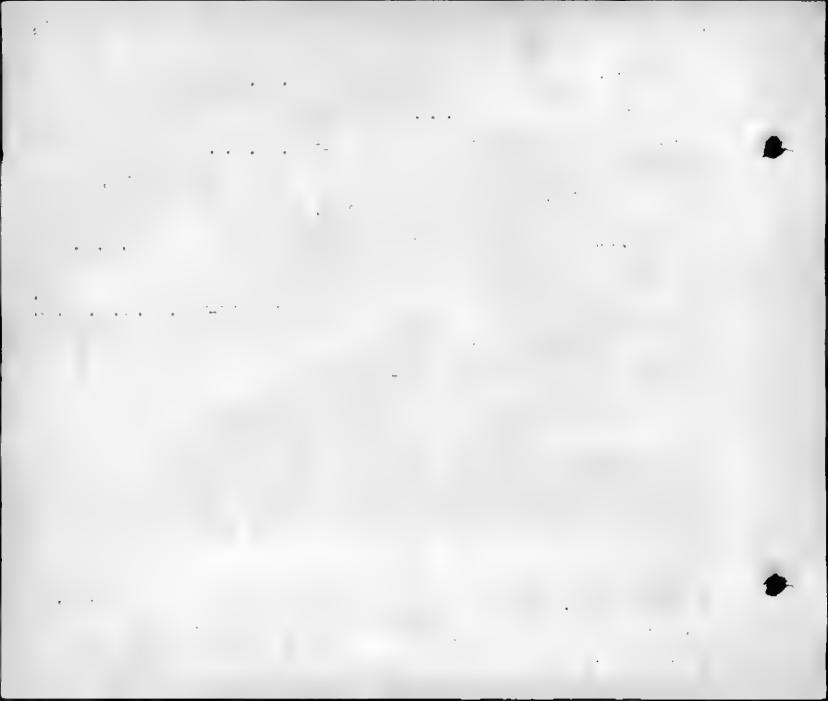


VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Prince Georges files. Health, a. STATE **b.** COUNTY C. MARYLAND b. CITY OR TOWN It suiside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negres! town) your Job rector. Cheverly D.O.A. WASHINGTON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESTUDINGE ON A FARM? Prince Georges General Hospital 341-11th. St. S.E. YES NO retair e Stot 3. NAME OF DECEASED First Middle 4. DATE Month Year (Type or print) NICOLOS LEE ORKS DEATH November 5th. 19 59 7. MARRIED A NEVER MARRIED | 8. DATE OF BIRTH 5. SEX 9. AGE (In years 6. CHARGRANEE IF UNDER TYPAR IF UNDER 24 HRS. 30 Months Days Hours Min. Male July 5, 1920 WIDOWED [ DIVORCED | 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Construction Laborer GEORGIA U. S. A. 13. FATHER'S NAME poges 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ill yes, give war as dates of service) Idell Ores(Wife) 341-11th. St. S. E. D. C. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), ] INTERVAL REEWERN ONSET AND DEALS PART I. DEATH WAS CAUSED BY: Coronary thrombosis IMMEDIATE CAUSE (a) Pencil in 1 DUE TO Coronary athero-aclerosis Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0):19, WAS AUTOPSY CERTIFICATION used PERFORMED? χŽ NO [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20a. EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 70d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour While Not while al work al work D. m. 21. I certify that I taak charge of the remains described above, held an Autopsy 📆, Inspection 🛣 and in my orded CTOR: opinion death resulted fram: Natural causes 17. Suicide . Hamicide . Undetermined manner Accident . ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S Nov.5th.1959 should FUNER DEPUTY MEDICAL EXAMINER NAME (Type) JATROS Boye 220. BURIAL CREMATION, 1226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION [City, town, or county] (State) REMOVAL (Specify) LINERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 245 EGISTRAL'S SIGNATURE VS. A15ME 5M 2757



Reg. Dist. No e. IS RESIDENCE ON A FARM? YES NO V Year 10 19 59 IF UNDER TYEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH days

5 months

(County)

PERFORMED? YES NO TO

(State)

\_\_\_, and that death occurred at 1:154 M, from the causes and an the date stated above. ADDRESS (Street, city or lown, stote)

PHYSICIAN'S Moe Weiss NAME (Type)

220. BURLAL CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Slote) KEMOVAL (Specify) Woodlawn Cemetery Washington, D.

245 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24n, REC'D BY REGISTRAR Cirthun & House

may be ref YII A1II (4) 15M 9/58

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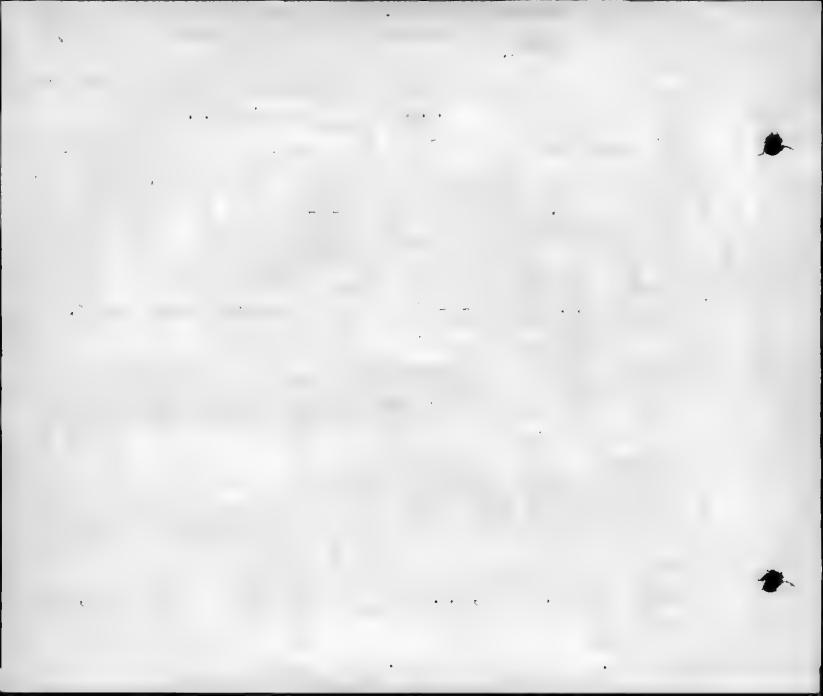
VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 129 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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_		1290	DICA	L EXAMIN	EK 2	CERTIFIC	AIE O	F DEA	П	Reg. Dist.	No.	
J. P	LACE OF DEATH	70 1				2. USUAL RESIDENCE			Finalitation	on: Residenc	e before e	odmission)
_		Prince (					and the second	0. (	.001411	201	43 940	190003
Ъ.	CITY OR TOWN (II)	autsida carporata limits, writ	e RURAL	c. LENGTH OF STAY	fN 16	c. CITY OR TOW	(If autside	corporate limits	, write RI	URAL and gi	ve neares	t town)
		erly		D.O.A.		Was	hingto	n, D.C.		4-7×	9	
d.	NAME OF HOSPITA	L OR INSTITUTION (	If not in hos	pital, give street addres	i)	d. STREET ADDRE	55				0.	S RESIDENCE
	Prince Ge	orges Gene	ral H	ospital		1103	50th	Place				S 😭 NO 🗆
A	AME OF ECEASED	Fir	et	Middle		Lost	4. DAT		Month		Day	Year
	ype or print)	James	Alb	ert Pin	kne	V	OF DEA	Nov	embe	r	17	19 59
SI	X	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In	увогь [	FUNDER 1Y	EAR IF L	INDER 24 HRS
	Male	Col.	WIDOWED			2-21-18	96	63	yrs.	Months Da	ys Ha	ırs Min.
	USUAL OCCUPATIO	N (Give kind of work	dane 10b. K	IND OF BUSINESS OR	NDUSTI					12. CITIZE	N OF WI	IAT COUNTRY
d	Truck dri	life, even if retired) קרפונד		Dravag		Maryla	a di	*			USA	
	ATHER'S NAME			DLayag		14. MOTHER'S MAID				1	USA.	
	Hanny	Pinkney						771-				
. 1		R IN U. S. ARMED FO	RCESZ 16	SOCIAL SECURITY NO.	1250	PORTAGE	Minni		JNS ddress			
3.,		(If yes, give wor or dates of	service)								11 -	
ř		W.W. 1		79-01-462		Beatrice P	ınkney	same	addr			
l		H [Enter only one cou	ne per line i								INTERVAL B ONSET AND	ETWEEN DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock											
Ì	4.4 1. 1	DUE TO										
I	Conditions, if on			Rupture	d he	eart						
1	gave rise to immedi (a), stating the u											
	cause last.	) (c)				lar renal			···			
I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?											
	Diabet	es mellitu	9								YES [	
ı	200. EXTERNAL CAUS	SE WAS 20	6. DESCRIBE	HOW INJURY OCCUR	RED. (E	iter nature of injury in	Port I or Por	t (I of item 18.)				
ŀ	CAUSE OF DEATH.	I SUITUBLIA										
ŀ	Oc. TIME OF INJUR	Y Month, Day, Yea	r 20d. II	NJURY OCCURRED 20	e. PLAC	E OF INJURY (Home,	form. 20f. (	City or town)		(County	r)	(\$tole)
١	Hour a.m.	19	While	Not while	focto	ry, street, office bldg.,	etc.)				•	
ŀ					o b o o	o hald on Aut	(V)	1		h	177	1.51 1.1
1	21. I certify that I took charge of the remains described above, held on Autopsy 🖾, Inspection 🔼, Inquiry 🔊, and find the											
ı	death resulted from: Natural couses 🔼, Accident 🔲, Suicide 🔝, Homicide 🔲, Undetermined couse 🗍.											
l	ACTUAL 1) 1 / D Y21 2 / DAY								TE SIGNED			
۱	SIGNATURE AND CHIEF MEDICAL EXAMINER [											
l	EXAMINER'S		_	/		ASSISTANT ME	DICAL EXAM	INER 🔲				
-4-	NAME (Type)	John T. M				DEPUTY MEDIC	AL EXAMINE	R 🔼	Nove	mber	17,	1959
a.	BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THEREC	F	22c. NAME OF CEMETE	RY OR	CREMATORY	22d. LO	CATION (City,	lawn, or	caunty)	(:	Stote)
	Burial	11-20-	59	Arlington	_Na	tional	Arl	ington	, V	a.		
J, F	UNERAL DIRECTOR'S	SIGNATURE		ADDRESS		240. 1	EC'D 8Y REG	ISTRAR 24b	REGISTI	RAR'S SIGN	ATURE	
T	'wrtle K	. Rolling	3 1.3	39 HuntPl		N.E. DATE	NOV 23	'59		en 2 H		



Item 14 FilmG252 11-16-59 et CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived. If institution: Residence before admission) o. COUNTY a. STATE **b** COUNTY MARYLAND 16 (2 (2 da b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If dutside corporate limits, write RURAL and give negrest town) give neglest town) d MANE OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES T NO DOLING. NAME OF 4. DATE OF First Middle Year filled DECEASED (Type or print) DEATH 19 IF UNDER TYPAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years completely iast birthday) Months Days Hours WIDOWED IS papers. yrs Do. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY (17, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) EMING ARMAE oug pou 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Elizabeth M. Proctor Lector-INFORMAN' Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO. attending INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one couse per ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gned gave rise to immediate DUE TO cause (a), stating the underlying cause last. OTHER SIGNIFICANT CONDITIONS STASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 0 YES NO 20a. ACCID NT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2 b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg, etc.) Hour o.m. While Not white at work at work p. m. 21. I certify that I attended the deceased from 19\_\_\_,that I last saw the deceased M, from the causes and an the date stated above alive an CTOR ADDRESS (Street, city or town, state **DATE SIGNED** ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 0 **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUR 23. FUNERAL DIRECTOR'S SIGNATURE VS A15 (4) 15M 9/5B

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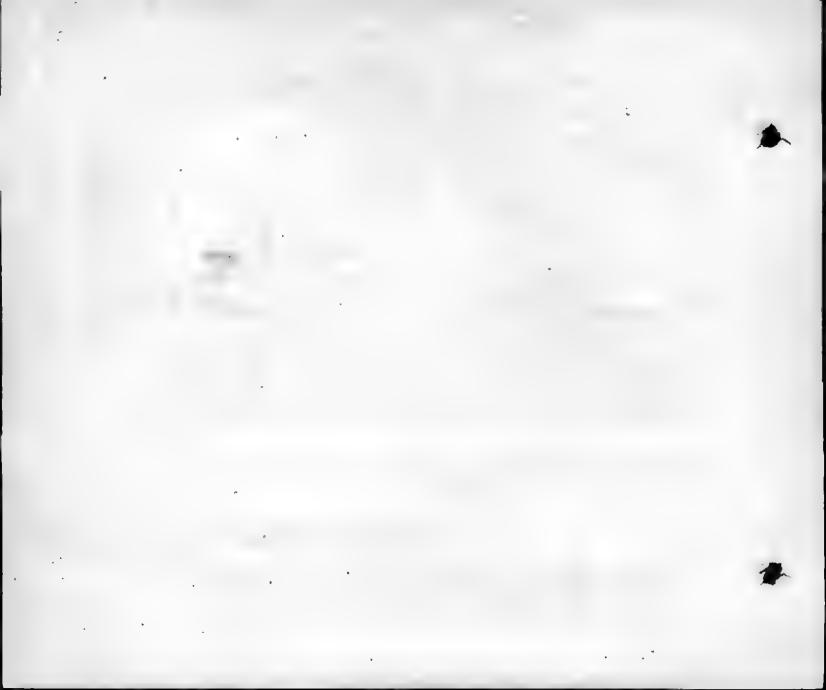
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within 21 house



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12918 12908 **CERTIFICATE OF DEATH** Rea. Dist. No. director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY Filed o. STATE b. COUNTY MARYLAND Prince George Maryland Prince George 6 b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Parkway Estates Cheverly d. NAME OF HOSPITAL (If not in basoilal, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? h826 67th Ave. Prince George General Hospital YES NO PEPE Ξ, NAME OF DECEASED Middle 4. DATE Nov . Ann Rasmussen (Type or print) DEATH Laura 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B\_DATE OF BIRTH Jan 15, 1959 last birthday) /Hoth ths Days Hours DIVORCED [ WIDOWED | White Female yrs 10a. USJAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? S none corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Mary Hince James Rasmussen remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (If yes, pive wor or dates of service) attending p Same as no 2 Father no none edse that the death 18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 4 PART J. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Pneumonitis DUE TO Conditions, if ony, which gned gove rise to immediate DUE TO per cause (o), stoling the underle has been sig burial-transit lying couse lost. FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL D. SEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 11 of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or tawn) Dov. Year (County) (State) Hour a.m. factory, street, office bldg., etc.) While Not while of work by the haspita that I last saw the deceased 21. I certify that I attended the deceased fram. \_\_\_\_\_\_ 19\_\_\_ , ta and that death accurred at 9.30AM, from the causes and on the date stated above. ACTUAL SIGNATURE Bertha Van Gelderen FUNERAL FUNERAL shaate PHYSICIAN'S NAME (Type) 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lawn, or county) 22c. NAME OF CEMETERY OF GREWATTERY (Slote) REMOVAL (Specify)
Burial Arlington National nov 12, 1959 Arrington Virginia 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS A1S (4) Ostling & Frank . Gasch's Sons Hyattsville, Md. ISM 9/S8 20773= 5 XV



X		MARYLAND STATE DEPARTMENT OF HEALTH—B	ALTIMORE, 18
		12857 CERTIFICATE OF DEATH	Reg. Dist. No.
P M	1	PLACE OF DEATH  O. COUNTY PLACE GEORGE Where dec o. STATE OLUT	b. COUNTY Comments of the control of the county of the cou
	1	b. CITY OR TOWN (If outside corporate lim'ts, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside coursely lown)	corporate limits, write RURAL and give negrest fawn)
×	1	d. NAME OF HOSPITAL (If not in haspital, give streeholdress) OR INSTITUTION 3 DH - Lefation Doad	1 Stroot    o. Is residence ON A FARM? YES   NOTE
		NAME OF (Type or print) Mary Dellice Rhads 14. D. O.	ATE Month Day Yeor  ATH 11-28-1957
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B. DATE OF BIRTH  WIDOWED DIVORCED   9/12   9.5	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
death.	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fore during most of working life, even it retired)	ign country) Olive 12. CITIZEN OF WHAT COUNTRY?
s after	13	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME	Richards
72 havr	IS. (Y#	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANTS.  10. OR OF OPERATOR OF DECES.  10. SOCIAL SECURITY NO INFORMANTS.  10. SOCIAL SECURITY NO INFORMANTS.  10. SOCIAL SECURITY NO INFORMANTS.	1300 He Felier Rt
<b>E</b>		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)-]	INTERVAL BETWEEN
ent wi		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1 NIANITIUM CARDIAGE  DUE TO	BALUKE 3 HOUR
any m		Conditions, if any, which gove rise to immediate DUSTO	SILL DUT 12 MOS
<u> </u>		lying couse ast.	4545
o dayor, o	CATION	PART II. OTHER SIGNIFICANT COND TIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
1	L CERTIF	200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I of CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	or Port II of (tem 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLACE OF INJURY (Home, farm, 20f. factory, street, office bldg., etc.) 50 work. of wark	(City ar tawn) (County) (State)
5 È		21. I certify that I attended the deceased fram. Oct. 5., 1957, to 281	101/ 192 Ithat I last saw the deceased
2			am the causes and an the date stated above.  SS (Street, city or town, state)  DATE SIGNED.
		ACTUAL SIGNATURE HEREN 13. W & FC. M.D. 105 SIA	SKIDAY ST. 11/24/)
TO LE		PHYSICIAN'S HENRY R. WOLFE YOU HYAT	TIVILLE,MO
De le	220	P. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF GEMETERY OR CREMATORY 22d. L	OCATION (City, town, or county) (Stole)
	23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS MET, RECORD BY R  OF THE DEC 2	EGISTRAR 246, REGISTRAR'S SIGNATURE CITTURE STEAM
	احكم	Inc.	



death.

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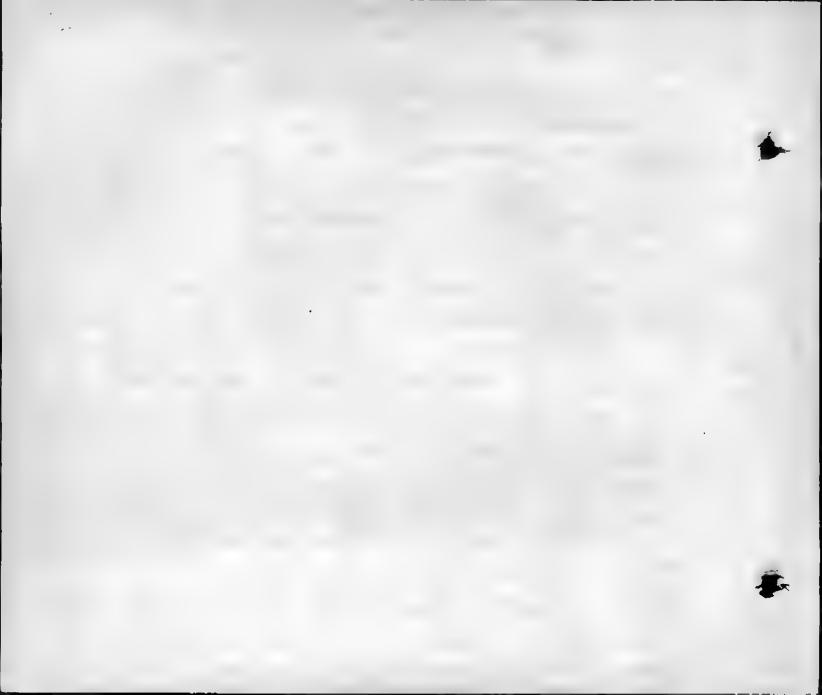
ATTENDII by the ha



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12921 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Reg. Dist. No. PLACE OF DEATH" 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) e. COUNTY Q. STATE b. COUNTY MARYLAND burial, b. CITY OR TOWN III outside corporate Splin, write REER c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If buside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not-in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? 0 YES NO P NAME OF First Middle DATE ō Monti Day Year DECEASED OF DEATH (Type or print) en. 19 ğ 5. SEX 7. MARRIED NEVER MARRIED [ 8. DATE OF BIRTH 6. COLOR OR RACE P. AGE (In yours IF UNDER TYPAR IF UNDER 24 HRS birthdoy Months Days Hours Min. WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY pering most of working life, even if retired) BIRTHPLACE (State or of 12. CITIZEN OF WHAT COUNTRY? N 2416 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Pages so. 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Siye Siye 8. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). MTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, If any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO D 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, effice bldg., etc.) 0. m. While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X, and find that death resulted from: Natural causes N Accident . Suicide . Homicide . Undetermined cause cote, 9 ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER | ASSISTANT MEDICAL EXAMINER cute the FUNE NAME (Type) DEPUTY MEDICAL EXAMINER [7]. BURIAL CREMATION, 1226, DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) O FUNERAL DIRECTOR'S SIGNATURE 24m. REC'D BY REGISTRAR 24b. RÉGISTRAR'S SIGNÁTURE VS. A15ME(5) DATENOV 1 8 159 SM 9/55

2201

DEPUTY



TO HOSPITAL

VS A15 (4) 15M 9/58

12922

2.002,0			R	reg. Dist. No.			
PLACE OF DEATH  o. COUNTY  Prince George	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution. Prince George				
b. CITY OR TOWN (If outside corporate limits, wi	rite c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)					
RURAL and give nearest town) Cheverly	1 Day	W. Hyattsvil	lle / ·				
d. NAME OF HOSPITAL (If not in hospital, give si OR INSTITUTION		d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM?			
Prince George Genera	al Hospital	5723 Chill	lum Heights Dri	YES NO K			
NAME OF DECEASED (Type or print) Funice	Middle	Shaver	4. DATE Month OF DEATH NOV.	Day Yeor			
SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HR			
Female White WILL	OOWED DIVORCED	12/18/08	50 49 yrs.	Months Days Haurs Min.			
<ol> <li>USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)</li> </ol>	10b. KIND OF BUSINESS OR INDU		or foreign country) Virginia	12. CITIZEN OF WHAT COUNTR			
Housewife	own home			UDA			
FATHER'S NAME		14. MOTHER'S MAIDEN N					
A. M. Mc Comas		Vesta N					
WAS DECEASED EVER IN U. S. ARMED FORCES?  1. no. or unknown)		NFORMANT	Address				
no	Unk D	elbert E Shar	ver Hyattsvi	lle Md.			
18 CAUSE OF DEATH [Enter only one couse p	per line for (o) (b), and (c).]			INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY.	Congestive Heart	Failure		ONSET AND DEATH			
410 X DUE TO	Jong O D D L V O M C LL V	<u>, ulluo</u>					
7	itral Stenosis &	Dotont Ponova	m Orrala	270.022			
agye rise to immediate	retar Deciders &	racent rurane	III Ovalte	years			
cause (a), stating the under-	1 5)						
(0) [4]	ronic Rheumatic			years			
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	ALOT RELATED TO THE TERM	MAL DISPASE TO RUTTON GIVEN	PERFORMED?			
1 wind	mary compa	ysema au	e to marine	AYES NO			
200 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	Enter nature of injury in I	Part I or Part It of item 18 }				
Hour p. m.	Od INJURY OCCURRED 20e. PL Yhile Not while t work of work	ACE OF INJURY (Home, form ctary, street, affice bldg., etc.	20f. (City or town)	(County) (Sta			
	1)	10.57	MART 1 50.	. 1 1			
21. I certify that I attended the dec		, 19.5 ta/	19.12/10	at I last saw the deceas			
alive an . //www.	19, artd that death		M, fram the causes and				
ACTUAL SIMOLOGIA W	A MAN TO	5	ADDRESS (Street, city or town, sto	ite) DATE SIGN			
SIGNATURE	Janes 111	10/ J30	Hnnapolis	1000			
PHYSICIAN'S Dr. Rosson, M	.D.		Hadensbur	7 Meryl			
REMOVAL (SPECIFY) 11/5/59	22-2-14-WEZEF CEMETERY O	R CREMATORY	22d LOCATION (City, lawn, or	county) (Side)			
MEN.		ral Home	Akron	Uhio '/'			
FUNERAL DIRECTOR'S SIGNATURE				RAR'S SIGNATURE			
F. Gaschis Sons Hy	attsville, Md.	DATENO		un & Krous			
2		DATESTU	A D OO COM	-1 21, 1 V/WW/H			



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12950

**CERTIFICATE OF DEATH** 

Rea. Dist. No.

									-				
	1. PLACE OF DEATH O. COUNTY	ince Georg	eg	MARYL	AND	2 USUAL RESIDEN		and	b. COUNTY	on: Residence Princ			
		f outside corporate limits		c. LENGTH OF STAY I	N Ib				ate limits, write R				
		•	a	40 years		× Ber	rwyn	Heig	hts, Md				
_	d. NAME OF HOSPIT	Heights M AL (If not in haspital, gr	ve street a	ddress)		/ d. STREET ADDR						IS RESI	DENCE FARM?
	8515	60th Plac				8515	6	Oth P	lace				NO 强
	3. NAME OF DECEASED	First		Middle		Lost		4. DATE OF	Mon	th	Day	Y	ear
	(Type or print)	Anni				Smith		DEATH	Nove		25		9 59
	5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	D 🔲 B.	DATE OF BIRTH		9	AGE (In years	Months	YEAR		
	female	white	WIDOWE	DIVORCED		Sept 30,	, 18	73	lost birthdoy) 86 yrs.	Monins	Days	Hours	Min.
	10a. USUAL OCCUPATIO	ON (Give kind of work di king life, even if retired)	one 10b. K	IND OF BUSINESS OF	INDUST	RY 11. BIRTHPLACE	(State o	or fareign co	untry)	12. CITIZ	ZENOF	WHAT C	DUNTRY?
		Housewife		own home		Maryla	and			U	S	1	
	13. FATHER'S NAME					14. MOTHER'S MA	JDEN N	AME					
_	?	Clodg	ett				Unk	nown					
E		R IN U. S. ARMED FORC (If yes, give wor or dates of ser		OCIAL SECURITY NO.		ORMANT			Add				
L	1	no	1	none	Pat	il J Mc C	Cull	ough	Berwyn	Heigi	hts,	Md	
_		TH [Enter only one cou	se per line	for (o), (b), and (c).]	1.	U m	101	to			ONSE	T AND	DEATH
		TH WAS CAUSED BY. IMMEDIATE CAUSE (0).	had	1110/20	MA	m Ju	My	MIL	220				
	400.	420.1 DUE TO											
	Canditions, if a gave rise to it		L'al	memen	N	MMM	₹°	July	2003		1	1.	
	couse (a), stating		26	1001/2000	11/4	- BILLI	1	00 11 9 18	1 is			l l	all
	lying cause last.	) (c).		WITHOUT NO TO DEA	THE BUILT A	OT BELLTED TO TH	- TEDAU	~~ COO	CONDITION CIL	(EN IN BART	17-110	JAME A	UTORSY
PART II. DTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P							TEN IN FARI	1(0) 17					
	20g. ACCIDENT WA	IS LINDS PITTURE TO	20h DESC	RIBE HOW INJURY OC	12	February of in		ort Lor Part	II of item IB 1			YES 🗍	MONT
	OR CONTRIBUTING	CAUSE OF DEATH	560 5630	NOE HOT HOOK DE	, was knew.	tents notore or m	1017	7	,				
	20c TIME OF INJUR	Y Month, Day, Yea			20e PLAC	E OF INJURY (Homory, street, affice ble	ie, farm,	20f. (City	or town)	(C	ounly)		(State)
	D. m.	19	While at work	Not while		~e. \	1	1		d.			
	21. I cogtify th	at V ottended_the	decease	d from W	M	1 (	110		2 195	hot I los	st saw	the de	eceased
	alive on	1 45	. 19	CHI KHY	death	occurred at	847	M, from t	he couses on	d on the	dota	stoted	obove.
		7/1	179	F= ++ S.	'	. \ '.	1	LODRESE (Sir	ee city or town,	tate)	110	DATE	SIGNED
	SIGNATURE	With the	5-1	william	W C	o Ja		~1M	M	<u>IV</u>	OV	, 10	117
1	PHYSICIAN'S NAME (Type)	Robert C	Win	gfield		Lau	rel	, Md.					
	220. BURIAL, CREMATIO	N, 276. DATE THEREO	F	22c. NAME OF CEME	TERY OR	CREMATORY	Ī	22d, LOCAT	ON (City, Iown,	or county)		(Stote	2)
	REMOVAL (Specify) Burial	Nov 28,	1959	New Cath	edra	al Cemete	ry	Ba	ltimore	Md.			
	23. FUNERAL DIRECTOR	•		ADDRESS		1	a. REC'D	BY REGISTR		STRAR'S SIG	NATUR	E	
	F. Gas	ch's Sons	Hya	ttsville,	Mar	yland. DA	TEMOS	130'59	0	141 8 9	Court		

should be filed with OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 e funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The Taw requires must me account of the hospital or ottending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 am the registrar prior to buriol, cremation, ar removal, and in any meent within 72 hours after death.

VS A15 (4) 15M 9/58

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12913

## CERTIFICATE OF DEATH

1	2	9	2	7
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					Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY		· ·	2 USUAL RESIDENCE (WI	h COUNTY	on: Residence before admission)
Prince Geer	ge	MARYLAND	Maryland	Prince Geo	rge
<ol> <li>CITY OR TOWN (If outside carp RURAL and give nearest lown)</li> </ol>	orate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write R	URAL and give nearest lown)
heverly		2 Days	/5 Hyattsvill	.0	
d. NAME OF HOSPITAL (If not in h	ospitol, give street o	oddress)	d. STREET ADDRESS		e. IS RESIDENCE
Prince George	General	Hespital	1017 Madisen	Street	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Lerey	First	Middle Irew	Stickley	4. DATE OF NOV . Mon	<sup>th</sup> 20 Year 59
5. SEX 6 COLOR C	R RACE 7 MARR	IED 📆 NEVER MARRIED 🗌	6-12-05	9. AGE (in years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Whi	te WIDOWE	D DIVORCED	0-12-02	54 10	Months Days Hours Min.
Oc. USUAL OCCUPATION (Give kind during most of working life, even Inspector of hate	of work done 10b. If refired) TIALS US	KIND OF BUSINESS OR INDI Weapons Cente	· ·		USA
Gabriel Stick	ley		14. MOTHER'S MAIDEN N  Ida Adams	NAME	
IS, WAS DECEASEDEVER IN U. S. AR			INFORMANT	Add	
Yes no, or unknown) (If yes, give work Peace)		None	Agnes L. Stick	ley, 4017 Madi	son St. Hyattsvill
Conditions, if any, which gove rise to immediate cause (a), stating the under lying cause lost.  PART II. OTHER SIGNIFICA	DUE TO  (b)  DUE TO  (c)	ontributing to DEATH BU	the lively	MAL DISEASE CONDITION GIV	ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH
PART II. OTHER SIGNIFICATION  200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CA	F DEATH	CRIBE HOW INJURY OCCURR	ED (Enter noture of injury in	Port I or Part II of item 18.)	
20c FIME OF INJURY Month, Hour o. m. p. m.	While	UURY OCCURRED 20e P	LACE OF INJURY (Home, farm actory, street, affice bldg., etc	20f. (City or town)	(County) (State)
21. I certify that I attend	led the decease	ed from Nev 18	, 19 <u>59_, to_Ne</u>	ov.20 1959,	that I lost saw the deceased
alive on Nev 20	12 5				d on the date stated above.
ACTUAL L Q	ldf	Cenn		ADDRESS (Street, city or lown, Orpeus Oc	
PHYSICIAN'S RONAL	0 8, F	LEIS CITE	R MSETT	so tulend	11/2/13
REAMOVAL (Specify)	E THEREOF	22c. NAME OF CEMETERY	GR-EREMATORY	22d. LOCATION (City fown,	or county) /(Stafe)
Busial 11/2:	3/1959	Fort Lincol	n Cemetery	Colmar Manor.	Pr.Geo.Co. Md.
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	24a. REC'	D BY REGISTRAR 246, REGIS	STRAR'S SIGNATURE
W.W. Chambers Com	pany, KIV	starie, wa.	DATE N	IOV 2 4 '59	athur & K
		<del></del>		Water Townson	Aller A Track

funeral director, uld be fitted with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 blucks 2 bho may be retained by the haspital or otherding physician.

TO FUNERAL ECTOR: After this certificate has been signed by the atmining physician and cumpletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. VS A1S (4) 1SM 9/SB



	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 12928
	1. PLACE OF DEATH 1.43111 o. COUNTY Prince Georges MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Prince Geo.
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Laurel  c. LENGTH OF STAY IN 1b  2 years  Laurel
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  352 Main Street  4 STREET ADDRESS  ON A FARM? YES ON NO ME
	3. NAME OF DECEASED (Type or print) Wilhelmine Reinhilde Stumpf (T
	5. SEX Female  6. COLOR OR RACE White  7. MARRIED A NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 5-11-12  9. AGE (in years lost birthday) Months Doys Hours Min.
***	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Housewife  Germany  11. BIRTHPLACE (Stote or foreign country)  (Lemann)
I	13. FATHER'S NAME Ferdinand Hemmer  Marie Kempf
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address [15 yes, give wor or dates of service] NO Karl Stumpf; same address
	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Spontaneous intracerebral Hemorrhage
	Conditions, if ony, which by Cerebral hypertension
	(c), stoting the underlying DUE TO couse lost. (c) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY
4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  Cardiovascular renal disease  200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I of Port II of Item 18.)
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (Stote)
	Hour a.m., While Not while ractory, sireer, errice bidg., etc.)
	21. I certify that I took charge of the remains described abave, held an Autopsy X, Inspection X. Inquiry X, and find that death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined cause .
= 0	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
removol.	EXAMINER'S John T. Maloney, M.D.  DEPUTY MEDICAL EXAMINER IN NOVEmber 11, 1959  220. BURIAL, CREMATION, 225. DATE THEREOF 22c. DIAME OF CEMETERY OF CREMATORY 22d. LOCATION (Gity, Iown, or county) (Stoty)
20	Benovat (Specify)  Bural 11/14/59 Corner Mem Park Munkerk Mill  23. FUNDERAL DIRECTOR'S SIGNATURE  ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
5)	De Witt Danaldson Lamel Med DATE NOV 1 8'59 ariting & Trans

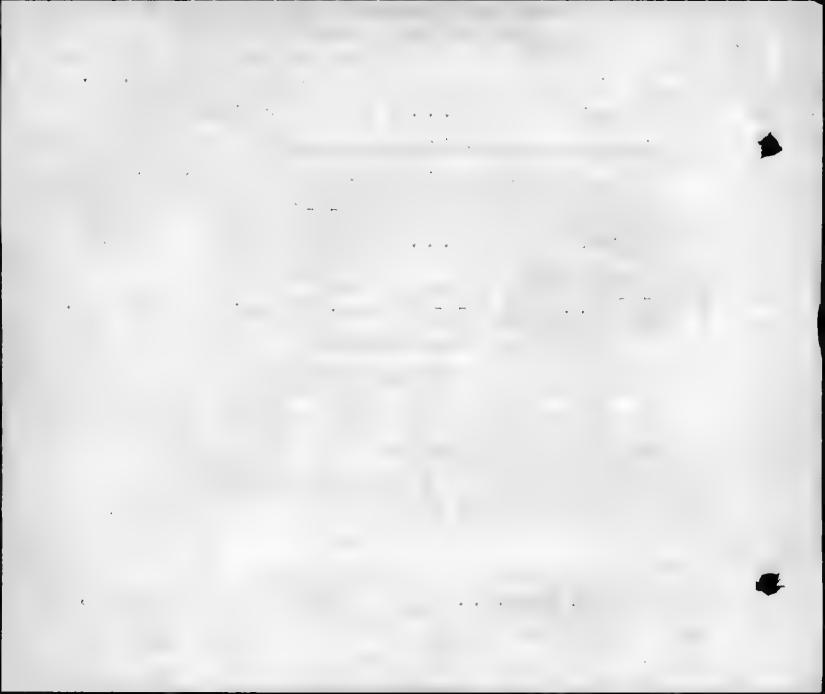


5M 9/55

	<b>MARYLAND</b>	STATE	DEPARTMEN	NT OF	HEALTH-	BALT	MORE,	18
ult.	MEDICA	AL EX	AMINER'S	CERT	IFICATE	OF D	EATH	

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	1	3	ş.	$\cup$	m

		12915								Reg. D	list. No	) . D	
1, 1	LACE OF DEATH								sed lived. If Institu	stion, Resid	ience bel	fore admi	ssion)
	COUNTY	Prince Geor	eas*	MARY	<b>FLAND</b>	o. STATE	arvla	nd	b. COUNT	Y Pr.	Ge	0.	
Ь	b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16					c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)						wn)	
	Cheverly D.O.A.					X Landover Hills							
ď			If not in ha	spital, give street addre	u)	d. STREET A	DDRESS						ESIDENCE
		Georges Ger	neral	Hospital		6835	Annap	olis	Road				A FARM?
	IAME OF ECEASED	Fir	uł .	Middle		Loui		4. DATE OF	Mont	h	Day	Y	'ear
	Type or print)	Alexand	ier	Francis	* Branch Man		herland		DEATH NOVE		23	1	9 59
5. S	X	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	D 📋 8.	DATE OF BIRTH			9. AGE (In years lost birthday)	IFUNDE			ER 24 HRS.
	Male	white	WIDOWE	D DIVORCED		3-26	-13		46 уп.	Months	Dayı	Hours	Min.
10o.	USUAL OCCUPATIO	N (Give kind of work tire, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPL	ACE (Stote	ar foreign o	country)	12. CIT	IZEN O	F WHAT	COUNTRY
		nder		G.P.O.		Mass	achus	etts			US.	Ä.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	Walter	Sutherland	đ			M	argar	et F	еу				
15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Address				
1,	Yes	It yes, give wor or dotes of U.S.Navv		011-09-5876	Ru	th E. S	uther	land;	same add	iress	25	# 2.	
		H [Enter only one cau	se per line	for (a), (b), and (c).]			-				INTE	RVAL BETWE	EN .
Н	PART I. DEAT	H WAS CAUSED BY:		Cerebral	COMT	ression					ONSET AND DEATH		(17)
	RAIL MAMEDIATE CAUSE (o) Cerebral compression												
	Control of the state of the sta												
П	gove rise to immediate cause												
H	(a), stating the underlying (c) (c)												
z	PART II. OTH	.,		ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMI	NALDISEAS	E CONDITION GIT	/EN IN PAI	RT 1(a) 19, WAS AUTOPSY		
ATION A													NO TT
3	20a. EXTERNAL CAU	SE WAS 20	b. DESCRIB	E HOW INJURY OCCUI	RRED. (Er	ter equire of in	ury in Part	Lar Port 1	of item 16.1				
CERTIFICATION	PRIMARY I or CON CAUSE OF DEATH.	ITRIBUTING 📮					,						
	20c. TIME OF INJUR	Y Month, Day, Yes	or 20d	INJURY OCCURRED   2	Oe. PLAC	E OF INJURY (	lome, form	, 120f. (City	or tawn)	(Co	uniy)		(Stote)
MEDICAII	Hour e.m.	19	Whil		facto	ry, street, affice	bldg., etc.	)					
>	p. m.			remains describe	d alaa.	a hald as	Autom				70		F1 4 -1 -
			_						nspection 🔼		ry 🔄	, and t	find that
1	death resulted	from: Natural	causes [	XI, Accident	, 3010	ide 🔲H	amicide	Ц, О	ndetermined o	cause _	J.		
	ACTUAL V	10.	111	aloney		and the same of th	£0.5.1 0.1					DATE S	IGNED
	SIGNATURE	MM J.	1.1.1.2	Loover		_M.D.		AMINER [					
Ш	EXAMINER'S NAME (Type) TO	hn T. Malo	new.	M.D. /				al Examine Examiner [		vembe	r 2	23.	1959
220.	BURIAL, CREMATION	N, 22b. DATE THEREC		22c. NAME OF CEMET	ERY OR				TION (City, town,			(Slote	
	REMOVAL (Specify)	ion 11/24/		Conway F			е		abody		ach	uset	*.
	UNERAL DIRECTOR			ADDRESS			240. REC'E	BY REGIST	RAR 245. REGI	STRAR'S SI			
	F. Jan	sch's Sons	H;	yattsville	, Md		DATE	€0¥ 2 5	'59	Inthus.	S. tu	<b>م</b> ینم	
							W/16						



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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**CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) RURAL and give negrest town) ploods d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO -3. NAME OF Middle DATE Month Year DECEASED OF DEATH 76 (Type or print) 06 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED 7 DIVORCED [T] 10a. USUAL OCCUPATION (Give kind of work dane)
10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country)
during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BOVE IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? a YES NO T 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) O. ft. Not while of work at work 21. I certify that I attended the deceased from Zthat I last saw the deceased and that death occurred at DEM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 226. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jawn, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADORESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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OF HEALTH—BALTIMORE, 18



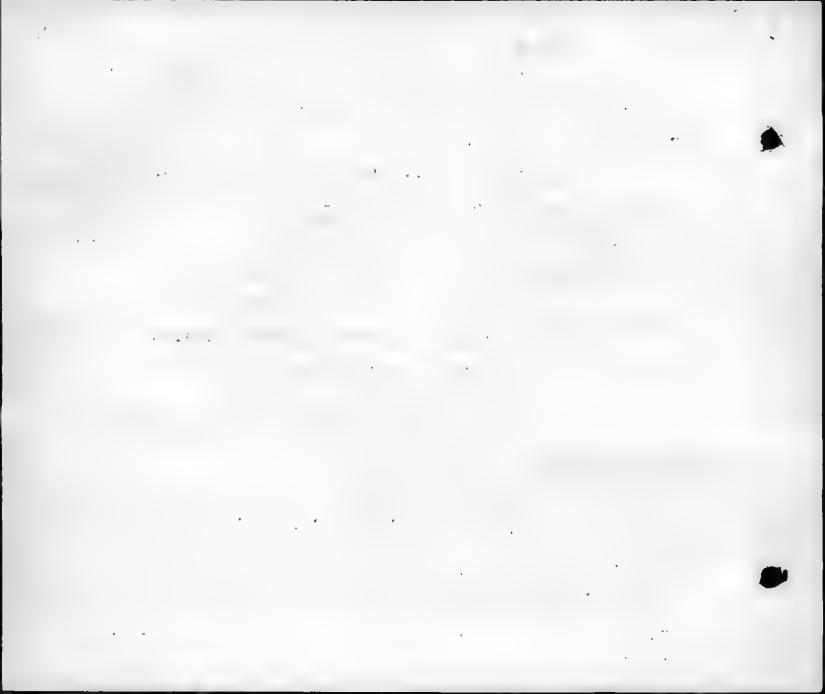
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	120	10	CERTIFICA	ATE OF DEATH		Reg. Dist. No	1 ~ 0 O D		
	PLACE OF DEATH a. COUNTY Prince Georges		MARYLAND 2 USUAL RESIDENCE (Where o			on: Residence bel			
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly		c. LENGTH OF STAY IN 16				ote limits, write RURAL and give nearest town)		
7	d. NAME OF HOSPITAL (If not in hospital, give street address) OF INSTITUTION Prince George General Hospital			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X			
	3. NAME OF DECEASED (Type or print) Sa	<sub>First</sub>	Middle A • V	anHorn	4. DATE Mon OF DEATH NOV		3 19 59		
	5. SEX 6. COLOR OR R. Female White	L .		B. DATE OF BIRTH 5-13-79	9. AGE (In years last birthday)	Months Days	Hours Min.		
	10a USUA. OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) HOUSEWIFE  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME								
	George Lowth.  15. WAS DECEASED EVER IN U. S. ARMED  (Yes, no, or unknown) (If yes, give war or dot  NO	FORCES? 16.		Ama	anda Burton		2d		
	18. CAUSE OF DEATH [Enter only of PART I. DEATH WAS CAUSED IMMEDIATE CAU 332 X DU Conditions, if any, which apprentice of the conditions o	BY: SE (a)		bosis(Left int		NI IN	years		
2	PART II OTHER SIGNIFICANT  200 ACCIDENT WAS LINDERLYING DOR CONTRIBUTING DAUSE OF DE UFFETHER, NOTIFY MEDICAL EXAMIN	CONDITIONS	CONTRIBUTING TO DEATH BUT			EN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO		
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED with the p. m. 19 While at work at wor									
1	21. I certify that I attended the deceased fram Oct. 22 . 19 50, to Nov. 3 . 1959, that I last saw the deceased alive an								
	20. BLRIAL, CREMATION, 25. DATE THE REMOVAL (Specify) Bur-Transit 116 23. FUNERAL DIRECTOR'S SIGNATURE	/59	22c. NAME OF CEMETERY OF GROVE CEME! ADDRESS Settles d	tery 24g. REC'D	• • • • • • • • • • • • • • • • • • • •				

director, Page 1 Filed after death. funeral 2 shauld OSPITAL. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs, y be rety by the hospital ar ottending physician.

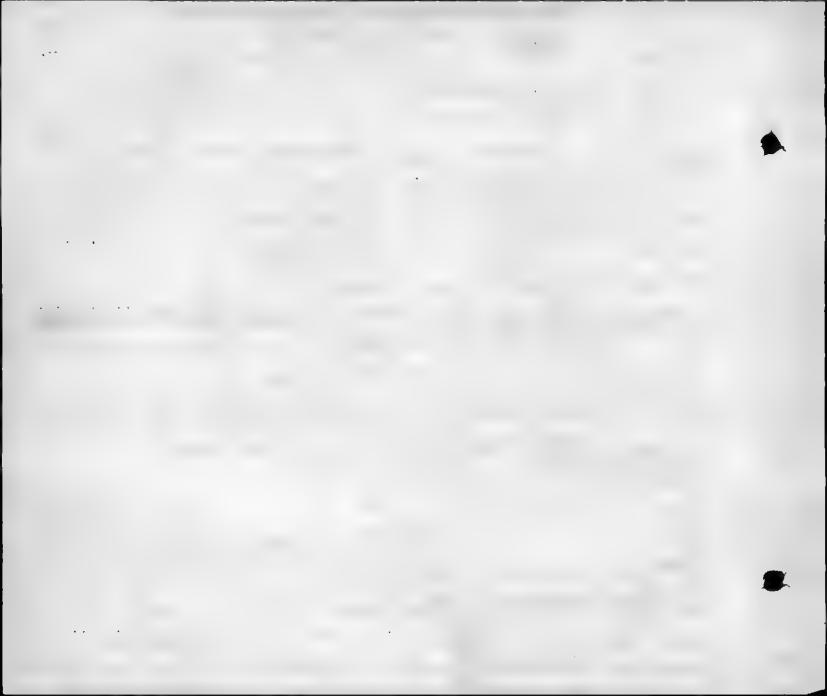
UNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in ge 3 shound be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 7 registrar priar to burial, cremation, ar remayal, and in any event within 72 hadrs offer death. page 3 shauru may be reto

VS A15 (4) 15M 9/58

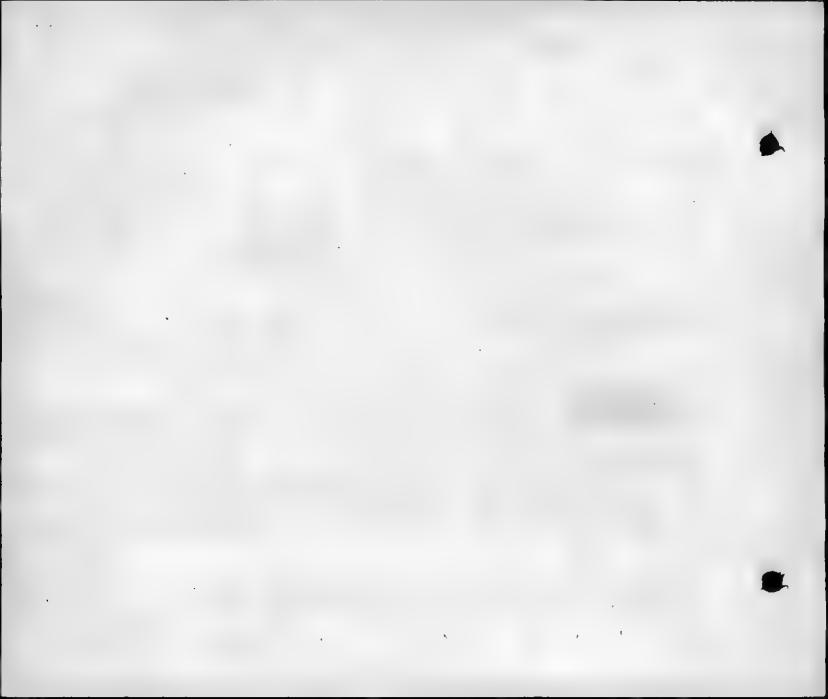


death.

hours after



<b>V</b> 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
_&	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12935
FOR STATE HEALTH DEPT.	12921 Reg. Dist. No.
nemern bert.	1. PLACE OF DEATH a. COUNTY b. COUNTY c. STATE d. STATE d
Files.	marylano Marylano Maryland . Comit & Sea
H. H.	b. CITY OR TOWN of sounds corporate firsts will all c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If purisde corporate limits, write RURAL and give nearest town)
assor d of	Mereny 2001 X Carmount Jughto
074	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) / d. STREET ADDRESS
2 8 5 4	Junel gence for Hore 610 1- 12. Sheet YES NO
fun fun Stal deol	3. NAME OF DECEASED And Middle Lost 4. DATE Month Day Year
the the	(Type or print)  A 6 COLOR OF RACE 17. MARRIED TO NEGER MARRIED TO B DATE OF RIGHT  P. AGE (In year) SETUNDER 24 145
3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Too all Control of Manager To Man
5 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m	100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
2. a 2. a and and and and and	during flost of working life even if retired)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13. FATHER'S NAME & J. S. G.
PM3 PM3 PM3 PM3 PM3	Bud Water
how P	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
3.04.7	that a continown (If you give not or dates of service)
<b>通過事業店</b>	18. CAUSE OF DEATH [Enier only one cause per line for (a), (b), and (c).]
fong ond	PART I. DEATH WAS CAUSED BY: GREAT CON GESTIVE heart failure OHSET AND DEATH
dansit a	58/.0 DUE TO
A CONTRACTOR OF STREET	Conditions, if any, which) the despate & daily
Syric de by	gave rise to immediate couse (0), stating the underlying DUE TO
aning	cause last. (c) whose of muliver
ote si Exal matrice	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
iffica cal use use	YES NO []
d be	206. EXTERNAL CAUSE WAS RIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 2 or Part II of Item 18) CAUSE OF DEATH.
This wo	
S S S S S S S S S S S S S S S S S S S	Haur a.m. While Not while factory, street, office bldg., etc.)
Hing Hing 198	S p. m. 19 lit work in the work
XAA D to the	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
Toge e	opinion death resulted from. Natural causes X. Accident [], Suicide [], Homicide [], Undetermined manner []
FIFTO PAGE OF THE	ACTUAL CHIEF MEDICAL EXAMINER (7)
MED Janat	ASSISTANT MEDICAL EXAMINER []
PAR PAR	MAMINER'S GOLD AND DEPUTY MEDICAL EVAMINED BY VOV. 7- 1950
PEPU FOUR TIS O	220 BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State)
0 2 4 0 9	BUTIAL 11-10-59 WOODLAWN WAShINGTON, D.C.
VS A15ME	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'O BY REGISTRAR'S SIGNATURE
5M 2/57	John T. Rhimes + Co. 3015-128th & DATE NOV 1 2 '59 Juing S. Kinns
	Washington Dici





15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12937 Reg. Dist. No. 2. USUAL RESIDENCE (Where decepsed lived., If institution: Residence before admission) COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Year 19 3 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO M (County) (Stote) \_\_\_\_\_\_, 19\_7that I last saw the deceased and that death accurred at 1210PM, from the causes and an the date stated above.

(Stote)

22d. LOCATION (City, town, or county)

Arlington. 24b. REGISTRAR'S SIGNATURE

City & trave

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

